1				D STATE DEPARTMENT O		w		
	03330	DIAIZIO		301 W. PRESTON STREET, B CERTIFICATE OF DEAT		YLAND 21201	338	
1.1	DECEASED-NAME	First	Middle	lost	20. DATE OF			2b. HOURA
	/Y / .\	/illiam	Harvey	ADKINS	July	Month 26 Doy	1968.	12:45
3.		4. RACE		S. DATE OF BIRTH		6. AGE (In years	IF UNDER I YEAR	E UNDER 24 HRS.
	Male	ļ	White	March 10.	1902	last birthday) 66 YRS.	MONTHS OAYS	HOURS MIN
70.	BIRTHPLACE (State or for	eign 7b. CITIZEN	OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF	DEATH		
- le	lest Virgin	ia U.S	5.A.	WIDOWED DIVORCED		Arundel Co		Md.
10.	CITY OR TOWN OF DEATH		11. NAME OF HOSPITAL OR INS	nty Gen. Hospital 12a.	USUAL OCCUPATION  or mortiof working t	(Kind of work done ife, even threatised.)	12b. KIND OF BI INDUSTRY	
120	Annapolis	ra dangered fixed if	institution: Residence before			EET AND NUMBER	A.A.C	o.8d of
odr	mission) STATE  Mary Land	13b. COL	INTY ONE Arundel	Pasadena YES		3b Street	Green	Ed. Haven
14.	FATHER'S NAME Firs		ddle Lost	IS. MOTHER'S MAIDEN NA		Middle	CACCII	Lost
	Luct	aion	Adkina		Pollie		Vau	ghn
16	D. WAS DECEASED EVER IN	U.S. ARMED FORCES?	16b. SOCIAL SECURITY I	IO. 17. INFORMANT		Address		
L	No.	None	236-09-9	599A Leonard N.	Adkins	(son) Samı	e as #1	3
	1B. CAUSE OF DEATH PART 1. DEATH WA	(Enter only one cause	per line for (a) to), and (c).	for a		7/1	APPROXIMA BETWEEN ONS	ET AND DEATH
	PART I, UCAIN WA	IMMEDIATE CAUSE (g		auc (ares	Moma	MEEKC F	12 / mag	Tryn
	Conditions, if any, whi		O, OR AS A CONSEQUENCE OF	31/1 A . Les	L h	T der	2	
	rise to immediate car	use (a), (	D, OR AS A CONSEQUENCE OF	y a pro	v. 12.7	- regen	elev.	
	stoting the underlying last.	g couse	c)					
L	PART 2. OTHER SIGNIFI	CANT CONDITIONS CO	NTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE	OR CONDITION GIVEN	IN PART 1(a)		
2	159 x					***************************************		
TELCATION	196. DATE OF OPERATION	19b. CONDITION F	OR WHICH OPERATION WAS PE		. CALIERO	YES, WERE FINDINGS CO OF DEATH?	ONSIDERED IN CER	TIFYING
CFRTIE	AL ACCIDENT DOS IN	MDEDI PINIO			14			
TAI C	21a. ACCIDENT WAS U	USE OF DEATH HOUR	FIME OF INJURY R.A.M. Month Day Year P.M. 19	21c. HOW INJURY OCCURRED	enter nature at injury	y in Port I or Port 2, I	rem IB.)	
MEDICAL	(If either, natify medic				1. No. City	or Town	County	State
	While Nat while at work	]	OFFICE BUILDING, ETC.	TORY,) 21f. LOCATION Street or R.F.C		Pr. 176.4412	Saurry	31410
	220. I certify that	(I) (this hospita	l) attended the decease	ed from aprill,	19.68, ta_	19	68 , that (	I) (ave) last
	saw the dece	eased alive on	7-25	ed from 9 6 and that in (my) (our)	apinion deoth o	ccurred on the do	te ond hour o	nd from the
	22b. SIGNATURE	a anoye, (I) (gre)	(did) (did nat) view the	body difer death.	/	220 [	DATE SIGNED	2.5
	/	11.7.	Hephan.	DECREE PHYS.	MED. DIRECTOR	STAFF PHYS.	1-26-	68
	22d. PHYSICIAN'S		1	22e. ADDRESS				
	NAME (Type)						-	
23	a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE		CEMETERY OR CREMATORY		N (City or Town)	(County)	(State)
24	REMOVAL (Specify) HUTLAL FUNERAL DIRECTOR	July 29	1968 Glen ADDRESS	Haven Memorial	CD BY REGISTRAR	Burnie,		
24	E 3	floor		rnie, Md. DATE J		68 Relia		Lak .
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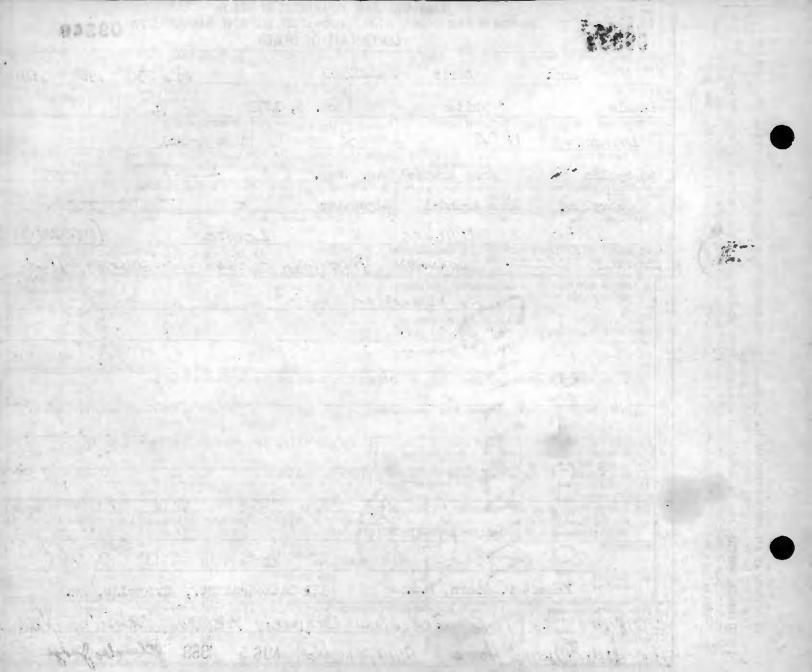
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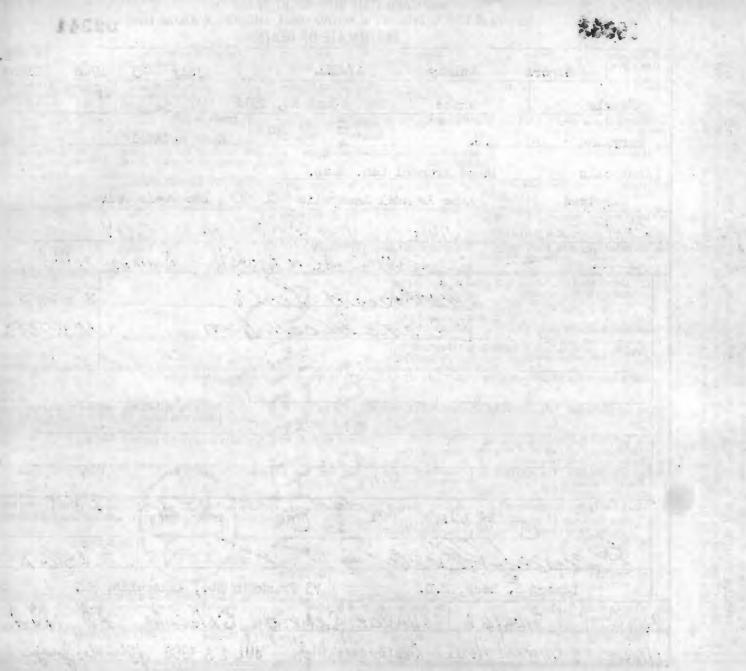
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		333	,	DIVISION OF	VITAL RECORDS,		TE OF DEAT		, MAKTL	AND 21201 (	9339	
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de d	(1	(ype or print)	dward	7	IMN	AL	TON		Jul	Month 10 Doy	1968	9:15 M
in the er	3. 51			4. RACE	1411.4		DATE OF BIRTH		6.	AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
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24 hours after din by the furpers. Pages 1, 72 hours after	COU	ntry)		U.S.A.		WIDOWED [	DIVORCED	Ann	e Aru	ndel		Md.
		CITY OR TOWN OF DEAT		11. NA give s	ME OF HOSPITALOR INS treet oddress)	TITUTION (If not i	n hospital 12o.	USUAL OCCU	PATION (Kin vorking life,	d of work done even if retired.)	12b. KIND OF E	BUSINESS OR
od wi	130	nnapolis USUAL RESIDENCE (Who	ere dereosed	lived if instituti	e Arunget	lise city of to	WN ISH INSIDE	CITY LIMITS?	13º CIDEEL	AND NUMBER	***	
e death certificate be executed attending physician and complement. Then please remove control or removal, and in any exect	odm	ssion) STATE Mary Land		13b. COUNTY Anne	rundel	Annapo	V/CO-	NO 🗌	311	Chester	Ave.,	
DE S	14.	FATHER'S NAME Fir	rst	Middle	Lost	15. N	OTHER'S MAIDEN NA	ME First		Middle		Lost
h ar		Lou	is	Wesl	ev Alte	n		Goorg	gie	NMN	Molde	9 IN
an an		(es, no, or unknown)	At yes give war i	or dates of service)	16b. SOCIAL SECURITY I					Address		
physen F		Vo.	****	***	214-05-	1041 L	ouis Alt	on	924	Gentra ]		nna, Md
ng Th		18. CAUSE OF DEATH	(Enter only	one couse per lin							BETWEEN ON	NATE INTERVAL NSET AND DEATH
endi mit. or r		PART I. DEATH W	IMMEDIATE	CAUSE (o)	N	lyecard	ial Inf	arcti	on		1 hr	
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required to be to but to but	=	PART 2. OTHER SIGNIF	ICANT COND	HONZ CONTRIBUT	ING TO DEATH BUT N	DI RELATED TO T	IE TERMINAL DISEASE	ORCONDITIO	ON GIVEN IN	PART I(0)		
the law re ottending hos been se os the h priar to	CERTIFICATION	190. DATE OF OPERATIO	N 195. CO	NDITION FOR WHI	CH OPERATION WAS PE	RFORMED	20o. AUTOPSY?	**		WERE FINDINGS CO	ONSIDERED IN CE	RTIFYING
The ooth of the se of the the	Ę						YES N	0 🛣	CAUSES OF	DEATH?		
IN: for for or or leol		210. ACCIDENT WAS U		21b. TIME OF HOUR A.M.	INJURY Month Doy Yeor	21c. HOW	INJURY OCCURRED	(Enter noture	of injury in	Port I or Port 2, I	tem 18.)	
Pito pito of fi	MEDICAL	(If either, notify medi-	col exomine	) P.M.	19							
Page 4 may be retained by the hospitol or ottending physician.  To HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within to FUNERAL DIRECTOR: After this certificate hos been signed by the attending physician and carrieletely filling director, page 3 should be detoched for use os the buriol-transit permit. Then pleose remove coloun particular bound be filed with the State Dept. of Health priar to buriol, cremation, or removal, and in any swent, within the state Dept.	W	21d. INJURY OCCURRE While Not while at work of work	D 21e. Pl	ACE OF INJURY (	AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	TORY.) 21f. LOCA	TION Street or R.F.C	). No.	City or T	own	County	Stote
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ed led lid it li		saw the dec	eased aliv	e an 7-1	did nat) view the	9 <u>00</u> , and t	hat in (my) (aur)	apinian d	leath accu	rred an the da	e and haur o	and from the
TY Gin the		22b. SIGNATURE	d abave.	(i) (we) (ala) i	ala narj view ine	bady arrer dec	iin. —			1 225 (	DATE SIGNED	
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V by by by filler		22d. PHYSICIAN'S	1 8		1	DEOREE	22e. ADDRESS	DIKECTOR		115.	10/00	
PITA mg RAI			A. T.	Allen,	M.D.			edral	St.	Annapoli	s. Md.	
O HOSPITAL OR ATTEND Page 4 may be retained O FUNERAL DIRECTOR: A director, page 3 should Should be filed with the S	230	BURIAL CREMATION.	23b. DA			CEMETERY OR CR				ity or Town)	(County)	(Stote)
0 8 0 je 4 W		REMOVAL (Specify)		3-1968		Chape					Co Me	
	24.	FUNERAL DIRECTOR			ADDRESS		2So. RE	C'D BY REGIS		25b. REGISTRAR'S	SIGNATURE A	106
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MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09341 CERTIFICATE OF DEATH 1. DECEASED-NAME First Lost 2b. HOURP and 2 death. Middle 20. DATE OF DEATH funeral 1 and (Type or print) Month Elnera Delmay ATWELL 1968 2:40 M burial, crematian, ar remayal, and in any event, within 72 haurs after 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS Female White June 18, 1914 YRS. haurs 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) WIDOWED [ DIVORCED Anne Arundel U.S. Marvland 24 completely filled IO CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR executed within give street oddress) during most of working life, even if retired.) INDUSTRY please remave carban Annapolis Anne Arundel Ben. Hosp. 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY YES 3 NO Anne Arundel Annapolis 186 Woods Drive 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Middle First ERDINANO Vsician 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes, no, or unknown) (If yes gue, war or dates of service) INAPOLI attending phy: permit. Then I requires that the death certii APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (s) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (o) permit. Conditions, if ony, which gove ) burial-transit rise to immediate couse (o), signed by DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) **TO FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO [ YES X Page 4 may be retained by the haspital ar 21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town Stote County While Not while of work 22a. I certify that (I) (this haspital) attended the deceased fram saw the deceased alignon. \_\_1968, and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated above, (1) (we) (did) (did not) view the bady after death. 22h SIGNATURE 22c. DATE SIGNED **ATTENDING** STAFF DEGREE DIRECTOR PHYS PHYS. PHYSICIAN'S 22e. ADDRESS NAME (Type) Edward S. Beck. M.D. Franklin St ... Annapolis. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Jown) 230. BURIAL, CREMATION, 23b. DATE (County) (Stote) REMOVAL (Specify) etery 24. FUNERAL DIRECTOR **ADDRESS** 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 NONDBOLLS, 30M REV. 1 68 DATE



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09342 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME 2a. DATE KNOWN Robert Joseph Year 2b. HOU (Type or Print) delay ind 3 ta ESTI-691 CVO DEATH MATED IF UNDER 1 YEAR IE HINDER 24 HPS 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE the years 2c DATE PRONDLINGED DEAD 2d. HOUR last birthday) P.M3 artme Day 7a. BIRTHPLACE (Stote or foreign MARRIED NEVER MARRIED 9. COUNTY OF DEATH Office alang with farm WIDOWED [7] DIVORCED [ New. Jersey Give Pages the State 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR death during most of working life, even if retired.) INDUSTRY -non Westinghouse and 2 with 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER YES NO 🔽 Arundel Pasadena 80x #11 Jumpers Hole hours Item 1 after 14. FATHER'S NAME First 15. MOTHER'S MAIDEN NAME Middle Rd. Robert Bancroft Theresa Albert 9 hours the Chief Medical Examinatis 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS pencil be executed within (Yes, no, ar unknown) yes give war or dates of service) 144-09-8888 Mrs. Doris M. Bancroft (wife) Same as \$13 APPROXIMASE INTERVAL BETWEEN ONSET AND DEATH E within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) permit. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) event DUE TO, OR AS A CONSEQUENCE OF buriol-transit Conditions, if any, which gave rise to immediate cause (a), This certificate shauld writing the ward any DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause 2 shauld be farwarded to pup PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) O 00 removal, 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate, YES 🗔 5 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) shauld HOUR A.M. PRIMARY OR CONTRIBUTING crematian, EXAMINER: CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, affice building, etc.) WHILE NOT WHILE AT WORK FUNERAL DIRECTOR: Page please execute burial 220. I certify that I took charge of the remains described obove, held on Autopsy ... Inspection Inquiry P ond in my opinion director. death resulted from: Natural causes Accident Suicide [ Undetermined manner Hamicide CHIEF MEDICAL EXAMINER prior ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 1 TO FUNER, Health DEPUTY MEDICAL EXAMINER **EXAMINER'S** ADDRESS(Street, city, town, or county) NAME (Type) the BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) (County) REMOVAL (Specify) July 5,1968 U.S. National Cemetery Baltimore. Burial 24. FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 1968 5 VR ATSME ( Glen Burnie, Md. 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

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-57	MARYLAND STATE DEPARTMENT OF HEALTH  DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  (5 9 5	348
DEPT.	(Ivne or Print) ————————————————————————————————————	Doy Year 2b HOUR
3	SEX 4. RACE S DATE OF BIRTH 6 AGE (1970) IF UNDER 1 YEAR FUNDER 24 HPS 20 DATE PRONOUNCED DEAD MONTHS DAYS HOURS MAIN MONTH 7 DOY	S Year Go I M
€0	BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED PURE MACHELIC	Co. Md
1	dung most of working life, even if retired)	126 KIND OF BUSINESS OR INDUSTRY Hall's Motor
	o USUAL RESIDENCE (Where deceased I ved, if institution Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE Mary land 3b. COUNTAINE Arunded Glen Burnies No 2 1410 Sundown	Rd.(Ferndale)
L		ke Last
	(Yes, no, or unknown)	Same As #13
	18. CAUSE OF DEATH (Enter only one cause per line for (g) (b) and (c))  PART I. DEATH WAS CAUSED BY.  IMMCDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gove one to immediate cause (a), stoting the underlying cause (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	APPROX,MATE HITEKVAL BUTHERM ONSTI AND DEATH
HEICATION	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?  YES NO M
MEDICAL CERTIFICATION	21o. EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day Year PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19	
1	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK 21e PLACE OF INJURY (At home, farm, street, foctory, office building, etc.)  21f LOCATION Street at R F D Na City at Town	County State
		IGNED 8 . 19. CO .
L	Burial July 19,1968 Pleasant View Cemetery Spring Township,	
2	SUNGLETON PORTSUNERAL HOME 250. RECD BY REGISTRAR 256 REGISTRARS SOLLE	wles Judge

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MAKTLAND SIAIE DEPAKIMENI OF HEALIH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Last 20 DATE OF DEATH 2b. HOUR death (Type or print) Month izabeth Yeor KERINE Julo with the State Dept. of Health prior ta burial, cremation, or removal, and in any event, within 72 hours after 3 SEX A RACE IE HINDER 24 HPS IF UNDER 1 YEAR lost birthdoy) DAYS MONTHS I HOURS JAn. 24, 1880 YRS 7b CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8 MARRIED NEVER MARRIED attending physician and campletely filled in permit. Then please remave carban papers WIDOWED DIVORCED Anne Arande 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12c USUAL OCCUPAT ON (Kind of work done 12b KIND OF BUSINESS OR requires that the death certificate be executed within give street address)
PLAZA MANOR during most of working afe, even if retired) INDUSTRY Glen Burnie , md. 13e STREET AND NUMBER EAL TI MORE YES X 7014 Ft. Smallwood Rd. 14. FATHER S NAME IS MOTHER'S MAIDEN NAME First Middle Middle W. George.

160 WAS DECEASED EVER IN J.S. ARMED FORCES? Rachel 17 INFORMANT Address Yes, no of unknown) 2-50-/231 Admission Sheet-PLAZA MANDE MURSING Home 18 CAUSE OF DEATH (Enter only one couse per . ne for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) CARDING DECOMPENSALION (b) Generalized ARKERIOSCLEROSIS
DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gove ) rise to immediate couse (a), stoting the underlying couse; AR PERIOSCLE ROSIS PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) has been far use as the ノンアフ 190. DATE OF OPERATION 196 COND TION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO [X YES [ 216 ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) OR CONTRIBUTING | CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. detached 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STRET FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town Stote County While | Not while | at work 22a. I certify that (1) (this haspital) attended the deceased from APR. 12, 1967, ta July 27, 1968, that (1) (we) last saw the deceased alive an June 29, 1968, and that in (my) (aur) apinian death accurred on the date and haur and from the causes stated above, (1) (we) (did) (did nat) view the bady after death. TO FUNERAL DIRECTOR: 22b. SIGNATURE 22c. DATE SIGNED ATTENDING July 2, 1968 DEGREE DIRECTOR PHYS PHYS 22d. PHYSICIAN S 22e ADDRESS NAME (Type) 73d LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, 23b DATE (State) Arlington, Virginia BEINDAN (Thecity) 1968 Arlington Nat. Cemetery July 5, 2So. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE George J. Gonce 4001 Ritchie Hwy. Balto. 21225 30M REV 1/68



	1			D STATE DEPARTMENT OF		
	ΙI٠		DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET, BA CERTIFICATE OF DEATH	LTIMORE, MARYLAND 21201	9345
. 22	1 DI	CEASED NAME First	72 1/19/50 KM Middle	Lost	2a. DATE OF DEATH	°   2b HOUR
wherol ond 2		ype or print) Timothy	J.	Behegan, 5r.	7 Month 16 Day	68 Year 5:27 AM
affect of the state of the stat	3. SE	X Male	4 RACE White	S. DATE OF BIRTH 8-26-56		FUNDER 1 YEAR OF UNDER 24 HRS. HOURS MIN.
Phoon to the state of the state	7a. (		7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED NEVER MARRIED UIVORCED UIVORCED	9. COUNTY OF DEATH Anne Arundel	Md.
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MINER: This certificate should be executed within 24 hours the certificate, writing the word "pending" in pencil in Item 114 should be forwarded to the Chief Medical Examipers Office in files.  3 should be used as a burial-transit permit. File pages 1 and 2 mation, or removal, and in any event within 72 hours-after d		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)
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rertif orwar used moval	ATTO	190. DATE OF OPERATION 195. CONDITION FOR WHICH OPERATION 20. AUTOPSY?
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		210. EXTERNAL CAUSE WAS 21b TIME OF NJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of murry in Port 1 or Part 2, Item 1B.)
INER: 1 e certific should b files. 3 should cation, or	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M.  CAUSE OF DEATH P.M. 19
The state of the s	¥	21d INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, foctory, office building, etc.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote
XAN The special of the special of th		AT WORK AT WORK OF AT
rial, rial,		22a. I certify that I tack-charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion
E G e de C		death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner
please I direct retaine or to b		CHIEF MEDICAL EXAMINER
P		SIGNATURE ( ) Tun hart M.D. ASSISTANT MEDICAL EXAMINER ( ) 226 DATE SIGNED
San y b NER h		EXAMINER'S I DEPUTY MEDICAL EXAMINER A 7-14-68
TO DEPUTY SICA necessary, please ey the funeral directar. 5 may be retained ito FUNERAL DIRECTO Health prior to bur		NAME (Type) L. / IN MARCOT . ADDRESS(Street, city, town, or county) A 1980 -
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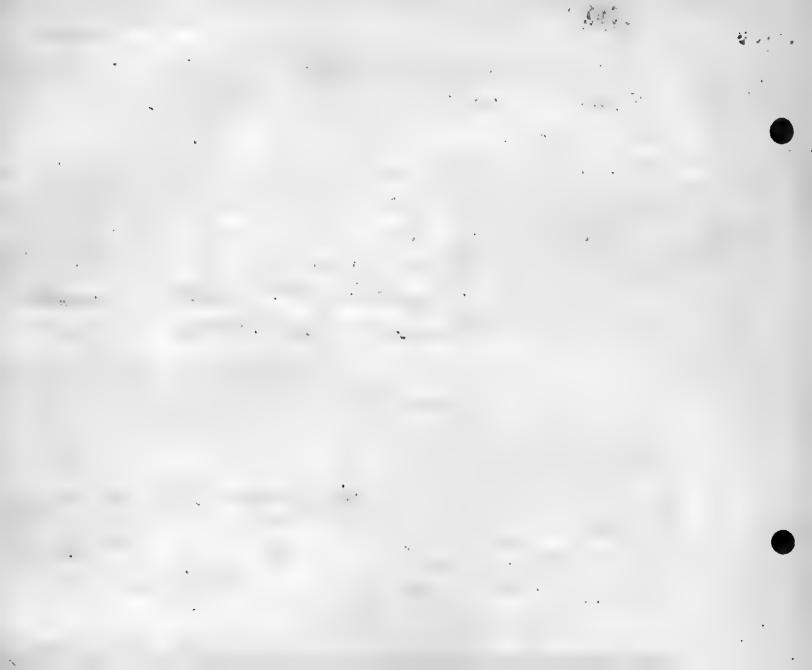
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Po C. C.				ook chorge of the remains d		_	Inspection		ond in my opinion
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d Sin re as to			(3/1			CHIEF MEDICAL	EXAMINER		
		ACTUAL SIGNATURE	Clan	100.	-sil	M.D ASSISTANT MED	DICAL EXAMINER	22b. DATE SI	IGNED
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o DEPL necessa the fun 5 moy 0 FUNE Heoltn	230	BUR AL CREMA	T ON, 23b.	DATE 23c No	AME OF CEMETERY OR CRE		23d LOCATION (		County) (State)
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W.	24	FUNERAL DIRECT	OR		ADDRESS	3.4.3	D BY REGISTRAR	25b. REGISTRAR'S SI	
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- rVI		25		ND STATE DEPARTMENT		VI 4115 01001		
		99340	DIVISION OF VITAL RECORDS	CERTIFICATE OF DE		TLANU 21201	09348	
		CEASED-NAME First	Middle	Lost	2a. DATE OF I		и	2b. HOUR
ı	į,	ype or print) Albert	L. Bierman	Sr.	Ju	Nonth Day	1968.	M
	3. SE	Χ .	4. RACE	S. DATE OF BIRTH		6. AGE (In years	IF UNDER TYEAR IF	F UNDER 24 HRS.
ı		Male	White	Dec. 4	1905	last birthday) 62 YRS.	MONTHS DAYS	HOURS MIN
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	14. F	ATHER S NAME First	Middle Last	15. MOTHER'S MAIDEN	NAME First	Middle		Last
		Henry	Bierman	Car	rie		Cole	
l		WAS DECEASED EVER IN U.S. ARM as, no, or unknown)   (If yes give wo	IED FORCES? 166 SOCIAL SECURIT	Y NO 17. INFORMANT		Addres 0	3 E.Mar	ole Rd
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l		stating the underlying couse	DUE TO, OR AS A CONSEQUENCE O	F				
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ı		PART 2 OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DIS	EASE OR CONDITION GIVEN	IN PART 1(a)		
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ĺ		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Month Day Yes	21c. HOW INJURY OCCURRI	to fruiet udinte of tolot)	rin rom i or rom 2, i	nem 10.)	
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		at wark of wark	PLACE OF INJURY ( AT HOME, FARM, STREET, OFFICE BUILDING, ETC.	*	,	/	Совяту	21016
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ı		sow the deceosed of	rve on 7/1/40 , (I) (we) (did) (did not) view th	_IY, ond that in (my) (a	our) opinion deoth o	ccurred on the do	te ond hour or	id from the
		22b. SIGNATURE	, (i) (we) (ala) (ala libi) VIEW III	s body otter death.	4	99r I	DATE SIGNED .	
		Ches. K.	Ball In	DEGREE PHYS	MED DIRECTOR D	STAFF PHYS.	16/16/68	2
		22d. PHYSICIAN'S NAME (Type) Chas	. L. Ball, Jr	220 MDRESS	Thileen	- m	l -	
	23a.	BURIAL CREMATION. 23b. C	· · · · · · · · · · · · · · · · · · ·	F CEMETERY OR CREMATORY	23d. LOCATION	(City or Town)	(County)	(Stote)
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ĺ		FUNERAL DIRECTOR	ADDRE	more, Md. 21 22	HE D BY RESTRICT	250 /Elding	CALLES !	6
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3	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	1	en#2_d Film#G4J2 7/22/68 vmp CERTIFICATE OF DEATH
p deoth. uneral 1 and 2 r deoth.		DECEASED-NAME First Hartge Britt 20. DATE OF DEATH Type or print) Ruth Hartge Britt Doy3 Yeor 68 438M
executed within 24 hours after deoth decompletely filled in by the funeral smove corban paper. Pages I and ony event, within 72 hours offer deoth	3. 5	Female 4 RACE White S. DATE OF BIRTH APR. 22, 1892 6 AGE (In yours Introduct VEAR Funder of Apr. 22, 1892 Note of Apr. 1
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2 5 5	L	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost  EMIE ALEXANDER HARTES  WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 177 INFORMANT  WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 177 INFORMANT
ertificot physic nen plea		Yes, no, or unknown) (Il yes give war or dates of service) 579-48-6420A EdgAR F. Britt 1732 Quertook Dr Pring.
OR ATTENDING PHYSICIAN: The law requires that the death certificate be retained by the hospital or ottending physician.  INECTOR: After this certificate has been signed by the attending physic are 3 should be detached far use as the buriol-transit permit. Then pleased with the State Dept. of Health prior to buriol, cremation, or removal, and		PART I. DEATH WAS CAUSED BY  IMMEDIATE CAUSE (a)  OR GESTIVE NEORT dISEASE  MORTELL  BETWEEN ONSET AND DEATH  OR GESTIVE NEORT dISEASE
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rsician ospital certifico hed for ht. of He	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH  HOUR A.M. Month Doy Yeor  (If either, notify medical examiner)  P.M.  19  21d INILIRY OF CHIRRED  21e PLACE OF INILIRY AT HOME FARM, STREET FACTORY 1 234 LOCATION Street or R.F.D. No. City of Town County Stote
NG PH' y the h er this e detac		of work of work of work
* ATTENDIN retoined by retoined by ECTOR: After Should be should be with the Sta		22a   certify that (I) (this hospital) altended the deceased from, 19, to, 19, that (I) (we) lost saw TPB deceased alive on, 19, and that in (my) (our) opinion death accounted on the date and hour and from the couses stated above, (I) (we) (aid) (did jot) view the body after death.
L OR A be rett  DIRECT  Oge 3 st  illed with		226. SIGNATURE  226. SIGNATURE  ACTION OF A STAFF DIRECTOR DIRECTO
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Poge 4 may be retained by the hospital or ottending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. of Health prior to	334	NAME (Type) (N, Mard F. Smith Shady Side, Md.
	L	EMOVAL (Specify) July 6,68 Lucker) Galesville, A.A., Md.
OM REV SS	4	farduty + Son Falweille, md DATE JUL I 6 1968 Icharles Juge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 J9350 CERTIFICATE OF DEATH DECEASED-NAME Middle 20. DATE OF DEATH 2b. HOUR haurs after death uneral and (Type or print) BOOM H 4 RACE 3. SEX DATE OF BIRTH 6 AGE In years IF UNDER I YEAR IF JNDER 24 HRS. last birthday) ZHTHOM DAYS HOURS YRS. 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED WIDOWED E DIVORCED [ Amerkunder Co. filled pap 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done burial, cremation, or remaval, and in any event, within 125 KIND OF BUSINESS OR during most of work ng life, even if refired)
Seff Employed give street address) INDUSTRY pgu ANNAPOLIS NNEARINGE pmplet( 13e STREET AND NUMBER 130 USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d. NSIDE CITY LIMITS? YES X remay 14 FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Lost Last puo requires that the death certificate be attending physician permit. Then please 17 INFORMANT 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16h, SOCIAL SECURITY NO 1518 FADDAVIS Drive SE Yes, no or unknown) (If yes give war or dates of service) 185-38-5282 Lattes Marshall no 45 HIN 9TON DE 18. CAUSE OF DEATH (Enter only one couse per line far (a), (b) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: permit. IMMEDIATE CAUSE (a) signed by the burial-transit p Conditions, if any, which gove ) ase to immediate cause (a). DUE TO, OR AS CONSEQUENCE OF stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) **SEUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to 1 Page 4 may be retained by the haspital or attending 19g, DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ 210 ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year P.M. (If either, notify medical examiner) (AT HOME, FARM. STREET, FACTORY.) 21f. LOCATION 21d INJURY OCCURRED 21s. PLACE OF INJURY Street or R.F.D. No. Stote City or Town County While Not while of wark 22a. I certify that (I) (this haspital) attended the deceased from \_1962\_, and that in (my) (our) apinion death actured an the date and haur and from the saw the deceased alive an\_ causes stated abave. (1) (we) (did (did nat) view the bady after death 22b SIGNATUR 22c. DATE FIGNER DEGREE DIRECTOR PHYS 22e. ADDRESS 22d PHYSICIAN NAME (Type) R. L. Michardson, MB. Anna Arundel General Hospita. 23g. BURIAL CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) REMOVAL (Specify) Suitland, P. G., County, Md. July 12, 1968 Lincoln Mem. Cemetery 2 Home ADDRESS OZI FIA. AVO 250 REC'D BY REGISTRAR Bros. Fun. VR N. Washington, D. C.J. 30M RE



MARYLAND STATE DEPARTMENT OF HEALTH  DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	9351
FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
LE Q (Type of Print) MARY D. BUGG OF ESTI JU	th Day Year 25 HOUR 11y 19, 19 686:30 P
3 SEX   4 RACE   5 DATE OF BIRTH   6 AGE (In years lift UNDER 1 YEAR   15 UNDER 24 HRS   2c DATE PRONQUICED DEAD   17 YRS.   18 UNDER 24 HRS   2c DATE PRONQUICED DEAD   Monthly Uly Day	
76 BIKINPLACE (Stote or Foreign / COUNTRY?   8 MARRIED   NEVER MARRIED X 9. COUNTY OF DEATH	Md.
10. CITY OR TOWN OF DEATH  11 NAME OF HOSPITA. OR INSTITUTION (If not in hospital during most of working life, even if retired North Arundel Hospital  13 USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN  3d INSIGE CITY LIMITS? 13e STREET AND NUMBER	ne 12b KIND OF BUSINESS OR
admission) Share Md.   136 COUNTY Anne Arundel Pasa.   YES   NO.   2605-221   St.	Last
James E. Bugg Dorthy  160 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dottes of service)  (Yes, no, or unknown) (If yes give wor or dottes of service)	Elmore
160 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknown) (If yes give war or dates of service)  No None Unknown Dorthy B. Bugg Same as #  18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	13
The state of the s	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART DEATH WAS CAUSE OF PART DEATH WAS CAUSE OF Cond tions, if ony, which gave )  (b)  (c), (d), (d), (d), (d), (d) (d)  (d), (e), and (c) (e)  (d)  (e), and (c) (e), and (c) (e)  (e)  (f)  (g), (d), (d), (d)  (g), (d), (d)  (e), (d)  (e), (d)  (f)  (f)  (g), (d)  (g)  (g)  (g)  (g)  (g)  (g)  (g)	
DUE TO, OR AS A CONSEQUENCE OF  Cond tions, if ony, which gave  Cond to	
Cond tions, if ony, which gave rise to immediate cause (a), storing the underlying cause lost to, or AS A CONSEQUENCE OF lost to immediate cause (b).    Cond tions, if ony, which gave rise to immediate cause (a), storing the underlying cause lost to, or AS A CONSEQUENCE OF lost to immediate cause (b).	
DUE TO, OR AS A CONSEQUENCE OF    Storing the underlying cause   DUE TO, OR AS A CONSEQUENCE OF   Storing the underlying cause   Oct	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  19a DATE OF OPERATION  19b CONDITION FOR WHICH OPERATION  WAS PERFORMED?  21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part	20. AUTOPSY?
210. EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part	YES X NO
The first for contracting of the formal of t	
PRIMARY & OR CONTRIBUTING 4:40 PM July 19, 1968 Subject involved in head-or cause of DEATH 21d INJURY OCCURRED 21e P.ACE OF DEATH (At home, form, street, AT WORK AT WORK Street (At home, form, street, AT WORK AT WORK AT WORK Street (At home, form, street, AT WORK AT WOR	County Store
WHILE NOT WHILE STREET STREET MOUNTAIN Rd. Near Annapolis  22a. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry	A.A. M.D.
WHILE NOT WHILE Street Mountain Rd. Near Annapolis  22a. I certify that I tack charge of the remains described above, held an Autopsy X, Inspection , Inquiry death resulted fram: Natural causes Accident X. Suicide , Hamicide , Undetermined mannastic Natural Signature Signature X 22b. Day Accident X 22b. D	
death resulted fram: Natural causes Accident Suicide Hamicide Undetermined mann	
SIGNATURE   CLUB   Club	ATE SIGNED July 19, 1968
death resulted fram: Natural causes Accident Suicide Hamicide Undetermined mannal Chief Medical Examiner Acsistant Medical Examiner Signature Examiner's Ronald N . Korpblum, M.D.  Examiner's Name (Type)  ACTUAL SIGNATURE SIGNA	701y 17, 1700
REMOVAL (Specify)	(Caunty) (State)
0   Buriat   7/23/68   Balto, Nat!   Cemetery   Baltimore Mo	
	was Judge



16				YLAND STATE DEPARTM			
		0.0344	DIVISION OF VITAL REC	ORDS, 301 W. PRESTON STE		AND 21201 🕡 🔾 🕄	52
A TOTAL AND A STATE OF THE PARTY OF THE PART	L	000XX		CERTIFICATE OF			
death.		CEASED-NAME First STAN	LEY KARI	BURK	20 DATE OF DEA		eor/968 4A M
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in by ers. Peers. Pour	70. cou		75. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVEL MAR		Aroudel	Md
low requires that the death certificate be executed within 24 hours after dear nations physicion.  been signed by the attending physicion and completely filled in by the funer the buriol-transit permit. Then blease remove carbon papers. Pages I and ior to buriol, cremotion, or removal, and ip any event, within 72 hours after dear	١.	ITY OR TOWN OF DEATH/	11. NAME OF HOSPIT give street address)	AL OR INSTITUTION (If not in hospital	120 USUAL OCCUPATION (Kinduring most of working life	nd of work done   12b. K even if retired   INDU	CIND OF BUSINESS OR STRY
uted w mpletel re carb	13o	USUAL RESIDENCE (Where deceose ssion) STATE	d lived, if institution Residence	before 13c, CITY OR JOWN		AND NUMBER ods	dress.
gno co	14,	ATHER 5 NAME First	Middle	Lost 19 MOTHER'S MA	AIDEN NAME First	Middle	Lost
a ( a s i	تيا	ULLAN	BU	PK 13e1	- nice	CONRA	D
physicion physicion blease oval, and i		was deceased ever in u.s. armi es, no, or unknown) (If yes give wo	ED FORCES? If or dates of service)  577-	ECURITY NO. 17. INFORMANT 20:25/87 Dovot	hea P Burk	Shadyside	o Md.
ng p The		18 CAUSE OF DEATH (Enter only PART 1, DEATH WAS CAUSED	y one couse per line for (a), (b),	and lake of . P.			APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
deatl tendi mit.	L		TE CAUSE (o)	aslalla Val	vemorna o		7
t the at the at the at the at the notion	l	Conditions, if ony, which gove	DUE TO, OR AS A CONSEQU	ENCE OF	Pros	tate d	Mars
quires that the deatl physicion. signed by the attend buriol-tramst permit.		nse to immediate cause (a), stoting the underlying couse lost	DUE TO, OR AS A CONSEQU	ENCE OF	-		1
requires to physicion signed be buriol-tructo buriol, a	_	PART 2. OTHER SIGNIFICANT CONI		H BUT NOT RELATED TO THE TERMINA	L DISEASE OR CONDITION GIVEN IN	PART 1(o)	
	CERTIFICATION	190 DATE OF OPERATION 19b. C	ONDITION FOR WHICH OPERATION	WAS PERFORMED 200. AUTO	TAUSES OF	, WERE FINDINGS CONSIDERED DEATH?	D IN CERTIFYING
IN: T or 4 cate by or us leoth		21 o ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCC	URRED (Enter noture of injery in	Port 1 or Port 2, Item 18.)	
HYSICIA hospita s certific ached fo	MEDICAL	(If either, notify medical examin	er) P.M.	~ 19 /	o insu	My	
S PHYSICIAN: The the hospital or otte this certificate has detached for usin the Dept. If Health pre	≥=	21d INJURY OCCURRED 21e 1 White Not white of work	PLACE OF INJURY ( AT HOME, FARM, OFFICE BUILDING	STREET FACTORY ) 21f LOCATION Stree	et or R F.D. No. City or	Town County	y Stote
DING I by t After I Te c	1	22a. I <b>certify</b> that (I) (this saw the deceased all	s hospital) attended the	deceased from Jan	y) (ess) opinian death acci	19 20, 19 68	, that (I) (we) last
TIEN Binec 10R: 10 Ild	ı	causes stated abave,	, (1) ( <del>we)</del> ( <del>did)</del> (did nat) vi	ew the bady after death.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
OR ATTENDING be retained by the DIRECTOR: After le 3 should lie d ed with the Stote		22b. SIGNATURE	Ole Hollin	THE PHYS	DIRECTOR P	TAFF 22c. DATE S/GI	2/68
D HOSPITAL OR ATTENDING PHYS Page 4 may be retained by the host D FUNERAL DIRECTOR: After this cel director, page 3 should le detache should be filed with the Stote Dept.		22d. PHYSICIAN'S NAME (Type)	Mes Hil	22e. 400	othign, 1	11 268	20
TO HOSPITAL OR ATTENDING Poge 4 may be retained by to FUNERAL DIRECTOR: After director, page 3 should lie of should be filed with the Stote	230	BURIAL, (REMATION, 23b D REMOVAL (Specify)	Ly 22 1968 C.B.	AME OF CEMETERY OR CREMATORY	Suction		(Stote)
VR A15 (4)	24.	FÜNERAL DIRECTOR	whothe I	ADDRESS .	250. REC'D, BY REGISTRAR	25b. REGISTRAR'S SIGNATU	RE O
30M REV. 1/68	1 /	Dernara Pla	rocsil Md	CYULLE 170.	DATE OF 7 3 1990	1 James 1	youngs.



1	10	2 7-31-63 DEVISION OF VITAL RECORDS 301 W. PRESTON STREET BALTIMORE, MARYLAND 21201	
STATE	_	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	29
I DEPT.		FIFST Middle Lost 20 DATE KNOWN Month Doy OF ESTI	Yeor 2b HOUR
	3 5	DAVID P. BUSKIRK DEATH MATED 7 23	88 8:084
		(ost burinday) Months DAYS HOURS MIN Month Day	Yeor 2d MOUR
		Male White July 17,1968 YRS. 5 July 23.  BIRTHPLACE (Stole or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED X 9. COUNTY OF DEATH	168 6:084
		Taryland USA WIDOWED DIVORCED Anne ARundel	Md
	10 (	ITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b	KIND OF BUSINESS OR
\$			USTRY Vone
1	130	USUAL RESIDENCE (Where deceased rived, funstitution: Residence before 13c CITY OR TOWN 13d INSIGN CITY IMMS? 13e STREET AND NUMBER dmission) STATE 13b COUNTY STATE	
,		Md. V A. A. Stati	
	34 1		lost
	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT ADDRESS	levins
	()	(s, noNomewn) (Normerdoles of service) None Nr. Homald D. Buskirk (father)	Same as #13
		IB CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)  PART I DEATH WAS CAUSED BY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		IMMEDIATE CAUSE (0) TAGE THE MILE SEPTEMBER COMPTICATING THE TAILMAN COMPTICATING	
		Conditions, if any, which gove )  Conditions, if any, which gove )	
		rise to immediate couse (a), stating the underlying couse DuE TO, OR AS A CONSEQUENCE OF	
		last.	
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
	N.	767.0	
	CATI	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
	ERTIF	210 EXTERMAL CAUSE WAS 216 TIME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 1	YES NO
	MEDICAL CERTIFICATION	PRIMARY OR CONTRIBUTING HOUR A.M.  PM 7+25/1967/ HEAD/Kb/VACH/1864/Kb/VACH/T864/Kb/VACH/T864/Kb/VACH/T864/Kb/VACH/T864/Kb/VACH/T864/Kb/VACH/T864/Kb/WACH/T864/Kb/WACH/T864/Kb/WACH/T864/Kb/WACH/T864/Kb/WACH/T864/Kb/WACH/T864/Kb/WACH/T864/Kb/WACH/T864/Kb/WACH/T864/Kb/WACH/T864/Kb/WACH/T864/Kb/WACH/T864/Kb/WACH/T864/Kb/	
	MED	21d INJURY OCCURRED 2 e PLACE OF INJURY (At home, form, street, 21f 10CATION Street or R FD No. City or Town Co.	ounty State
		WHILE NOT WHILE TOCKTORY, Office building, etc.)	ьм да
		22a   certify that I taak charge of the remains described above, held an Autapsy   Inspection   Inquiry   Inquiry   Inquiry   Inspection   Inquiry   Inquiry	and in my apinian
		death resulted from Notural causes 🛴 , Accident 🕼 Suicide 🔝 Hamicide 🔝 Undetermined manner 🗌	
		ACTUAL TIME CHIEF MEDICAL EXAMINER CONTRACTOR	
		SIGNATURE MD. ASSISTANT MEDICAL EXAMINER 1220 DATE SIGN	23. 1968
		MAME (Type)	43, 1700
	230	BURIAL CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d 10CATION (City of Town) (Col	unty) (Stote)
		Burial July 25/1968 Glen Haven Mem. Bark Glen Burnis, Md.	
3		FUNERAL DIRECTOR 250 REGISTRAR 250 REGISTRAR 250 REGISTRAR'S SIGN	ATURE
A		ingleton Funeral Home Glen Burnie, Md. DATE JUL 25 1968 your	At Yours
			1



			MARYLAND STATE DEPARTMENT OF HEALTH
XI.	1		0 9 3 5 4 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 US 3 5 4
7	•		CERTIFICATE OF DEATH
	deoth.		eceased-Name First Hondole Howard Butter 20. DATE OF DEATH Month Day 18848 26. HOUR
	ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after deoth etained by the hospital or ottending physician.  CTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral should be defached for use as the burial-transit permit. They please remove carbon papers. Pages I and a should be defached for use as the burial, cremation, or remove, and may event, within 72 hours after death with the State Dept. of Health prior to burial, cremation, or remove, and the only event, within 72 hours after death.	3 58	Male Colored 6,2-1893 MAN YRS. MONTHS DAYS HOURS MAN
	44 hour d in by pers. P	(00) (00)	MILES DIVORCED DIVORCED Md.
	within 24 lefy filled i bon paper , within 72	10.	11. NAME OF HOSPITAL OR UNSTITUTION (If not in hospital during most of forking the every tretired)  12b. KIND OF BUSINESS OR INDUSTRY
	executed with the completely femove corbon only event, with	130. adm	USUAL RESIDENCE (Where deteased lived, if institution, Besidence before 13c CITY OR TOWN), 13d MISIOC CITY LIMITS? 13e. STREET AND NUMBER (SSION) STATE 13b COUNTY (13c) CITY LIMITS? NO.
	ate be executed within 24 hour icids ond completely filled in by reason papers. Pages remove corbon papers. Pand-in ony event, within 72 hour	14	ATHER'S NAME PIEST Middle Butter IS MOTHER'S MAIDEN NAME FIRST Middle Wist
	tificate preas	16a. Y	WAS DEFEASED EVER IN U.S. ARMED FORCES? (BS, not of polynown) (If yes give wor or dotes of service)  16b. SOCIAL SECURITY NO. 17 INFORMANT (BS, not of polynown) (If yes give wor or dotes of service)  16b. SOCIAL SECURITY NO. 17 INFORMANT (BS, not of polynown)  17 INFORMANT (BLANCAS BLANCAS BLA
	O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certification of the most be retained by the hospital or ottending physician.  FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician, page 3 should be detached for use as the burial-transit permit. The should be filed with the State Dept. of Health prior to burial, cremation, or remove		1B. CAUSE OF DEATH (Enter only one couse per line for (o) (b), and (c))  PART I DEATH WAS CAUSED BY  IMMEDIATE CAUSE (a)  PART AND OF ATT  IMMEDIATE CAUSE (a)  PART AND OF ATT  IMMEDIATE CAUSE (b)  IMMEDIATE CAUSE (c)
	nt the de the otter sit perm mation, c		Canditions, if any, which gave)  DUE TO, OR AS A CONSEQUENCE OF  Canditions, if any, which gave)
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	ow nding beer the	\$ 2	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
	The fow r r ottending t hos been use as the Ith prior to	CERTIFICATION	YES NO CAUSES OF DEATH?
	ICIAN: pital o tificote d for a	EDICAL C	21a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH  HOUR A.M. Manith Day Year  Office either, notify medical examiner)  P.M. 21c. HOW INJURY OCCURRED (Enter indicate of injury in Part 1 or Part 2, Item 1B.)
	TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the hospital or TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for u should be filed with the Stote Dept. of Heal		21d INJURY OCCURRED 21e PLACE OF INJURY (AT MOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County State Of work
	NDING d by the After d be d e Stote		22a. I certify that (I) (this haspital) attended the deceased from
	OR ATTENI be retained DIRECTOR: A ge 3 should led with the	ı	causes stated abave, (I) (vie) (did) (did act) view the bady after death.  22b. SIGNATURE ATTENDING MED. STAFF 22c. DATE SIGNED
	TO HOSPITAL OR Poge 4 moy be r or FUNERAL DIRE director, page 3 director, page 3 should be filed w		22d. PHYSICIAN'S ) 1  DEGREE PHYS  DEGREE PHYS  22e. ADDRESS
	O HOSPITAL Poge 4 moy O FUNERAL director, pag should be fi		NAME (Type) Name RICHARDSON, M.D. 110 Clay St., Annapolis, Md., 21401
	Poge TO FU direc shot	N	BURIAL, CREMATION, 23b DATE 23c MAME OF CEMETERY OR CREMATORY 23d. 40 CATION (Gry for Town) (County), Stoje)
	VR A15 (4) 30M REV. 1/68	24	FUNERAL DIRECTOR  ADDRESS  DATE 11 230 RECD BY REGISTRAR 25b. REGISTRAR 5 SIGNATURE  ADDRESS  DATE 11 23 1968



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FOR STATE		এই ইয়া	*	NER'S CERTIFICATE		u93	5 3
HEALTH DEPT.	I D	ECEASED NAME FIT		Lost	20 DATE K	OWNE Month C	ay Yeor 2b HOUR
to to so to	L_	Type or Print) ESSEX	IN IALIA	CHAMP	DEATH M		O 1968 M
deloy	3 5		S DATE OF BIRTH	AGE (n years IF UNDER ) YEAR ast bighday) MONTHS DAYS	MOLIES MIN AA	DOW	Year CD OF
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- 8-0	taun	BIRTHPLACE (State or foreign try)	76 CIT ZEN OF WHAT COUNTRY?		RIED K 9. COUNTY OF DEAT		44.4
th form	10. 0	ITY OR TOWN OF DEATH	II NAME OF HOSPITAL	OR INSTITUTION (If not in hospital			Md. 2b KIND OF BUSINESS OR
hours ofter deoth Hem 18. Give Pages 1 Office olong with forn 1 and 2 with the State D	A.	nnenalie	give street address)	el Ceneral Hosn	during mast of working life		OUSTRY C1 tw
Giv ong	130	USLA. RESIDENCE (Where deced	Anne Arund	sfare 13c C.TY OR TOWN 13d	INSIDE CITY LIMITS? 13e. STREET		W.I.Ly
hours offe Item 18. Gl Office olon land2 with	0	dm ssion) STATE Md.	13b. COUNTY	Annepolis	YES NO Rt. 2	- Box 29	4
24 hours in Hem 1 r's Office ss land?	14, 9	ATHER'S NAME First	Middle	ost IS. MOTHER S MAIC		Middle	lost
in 24 iner's iner's l ages 1		Allen	NMN Cham		Adelse	NMN	Jones
thin mine age			re wor or dates of service)		011 Mark 40	ADDRESS	
Exorem (Fig.	VI.	10 CANCE OF BEATH (Fatter		5-2266 Alfred	Champ Rt 2	Bax 294	Approximate Interval
ing editol		PART 1 DEATH WAS CAUS	nly one couse per one far (o), (b) one ED 87.	iltiple tra <b>u</b> mati	c infuries		BETWEEN ONSET AND CEATH
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AL EXAMINER: This execute the certificate, or. Page 4 should be for your files. TOR: Page 3 should be a uniol, cremotion, or rer	CERT	210. EXTERNAL CAUSE WAS	21b. TIME OF INJURY Month, Doy	, Yeor 21c. HOW INJURY OCC	CURRED (Enter nature of injury in	Part I or Part 2, Item	
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L EXAMINER: ecute the certi Page 4 should or your files. R:Poge 3 should, cremotion,		AT WORK AT WORK	Street	Rennel1			A. A. Md.
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blca oleose ex director. etained i DIRECTO		death resulted from	Natural couses Acc	dent 🗓, Suicide 🗍,		mined manner [	
pleose I directo retained I DIREC		ACTUAL ( )	11.1.	/	F MEDICAL EXAMINER STANT MEDICAL EXAMINER	22b DATE SI	GNED
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70 the He	23a	BURIAL, CREMATION, 23E	DATE 23c. NAM	OF CEMETERY OR CREMATORY	23d, LOCATION (C	ity or Town) (	Caunty) (State)
P				eadneck			Arundel, Md
VR A15ME (5)	1	FUNERAL DIRECTOR		DDRESS	250 RECD BY REGISTRAR	2Sb REGISTRAR'S S	
10M REV 1/68		.E. Hicks, 1	ll Annapolis, M	aryland	DATEJUL 1 6 1968	Lucase	as Judge



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH	356
CEDTICICATE OF BEATH	
CENTIFICATE OF DEATH	<i>y</i> ( <i>y</i>
I DECEASED NAME IN FIRST / Middle Lost / Los	1 2b. HOUR
The Type of purily 11 of 11 years and 11 yea	9 Kuss
3 SEX 4 RASE S. DATE OF BIRTH // 6 AST (In years   Fillwork Y	TEAR OF UNDER 24 HRS.
February 18 S. DATE OF BIRTH / 1914 6. ASE (In years winds) in the property of	TEAR IF UNDER 24 HRS.
renale Negro. Feb 96th 1914 isst whites	
70 BIRTHPLASS (Stote or Joreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
(3) Country) // 214/21d WIDOWED DIVORCED   Home Hrundel	Md
12 NAME OF HOSPITATOR INSTITUTION (1) not in hospital 7 120 USUA, OCCUPAT ON (Kind of work done 126 KIN	ID OF BUSINESS OR
3 SEX	RY
130. USUAL RESIDENCE (Where deceased lived if institution, Residency before 13cgCTY/OR JOWN / 12d INSIDE CITY LIMITS? 13g STREET AND NUMBER /	d. Aug
130. USUAL RESIDENCE (Where deceased lived if astribution, Residency before 13c/CTY OR YOWN) 12d 185 DE CITY LIMITS? 13e/STREET AND NUMBER Odmission) STATE 124/21-13b. COUNTY HATE HANDEL WAS A COUNTY HATE HANDEL NO 6414 WO SA INC.	AN WASH
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16a WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, might hown) (If yes give war or dates of sanvice) 215-07-0/82 Hive fla Durne - 902 Cherry 1	12 5,8%
160 WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no., of inkingum   (If yes give wor or dones of service)   16b DOCIAL SECURITY NO   INFORMANT	Ene Burn
18. CAUSE OF DEATH (Enter only one cause per line log (a), (b) And (c))	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
18. CAUSE OF DEATH (Enter only one cause per line log o), (b) And (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF	ALCH GHIST MID DENTI
DUE TO, OR AS A CONSEQUENCE OF	
DUE TO, OR AS A CONSEQUENCE OF	
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# E DE Stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
S 语 S 语 lost : 9 マ x (c)	
Conditions, if any, which gave rise to immediate couse (a).  Storing the underlying couse (b).  DUE TO, OR AS A CONSEQUENCE OF (c)  PART 2 OTHER S'GNIFICANT CONDITIONS CONDITIO	101.
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210 ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.)	
To contributing Cause of Beath HOUR A M. Month Day Yeor P.M. 19	
Country Of Clinger   Country   Cou	
21d. INJURY OCCURRED While Not while Not while 12 PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No. (City or Tawn)	State
of work of work	
220. I certify that (1) (this hospital) ottended the deceased from	that (I) (we) last
saw the deceased alive an 19 , and that in (my) (our) opinion death occurred on the date and h	our and from the
पुष्ट हैं है है   couser stated above, (1) (we) (did) (durnat) view the body after death.	
22 SGNAFORE 22 DATE SIGNE	D1/8
NO THE PROPERTION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED  20c. AUTOPSY?  YES NO CAUSES OF DEATH?  21c. HOW INJURY OCCURRED (Enter nature of injury in Part 2, Item 18.)  21c. ACCIDENT WAS UNDERLYING OR OWNTREWING comminer)  21c. HOW INJURY OCCURRED (Enter nature of injury in Part 2, Item 18.)  21c. HOW INJURY OCCURRED (Enter nature of injury in Part 2, Item 18.)  21c. HOW INJURY OCCURRED (Enter nature of injury in Part 2, Item 18.)  21c. HOW INJURY OCCURRED (Enter nature of injury in Part 2, Item 18.)  21c. HOW INJURY OCCURRED (Enter nature of injury in Part 2, Item 18.)  21c. HOW INJURY OCCURRED (Inter nature of injury in Part 2, Item 18.)  21c. HOW INJURY OCCURRED (Inter nature of injury in Part 2, Item 18.)  21c. HOW INJURY OCCURRED (Inter nature of injury in Part 2, Item 18.)  21c. HOW INJURY OCCURRED (Inter nature of injury in Part 2, Item 18.)  21c. HOW INJURY OCCURRED (Inter nature of injury in Part 2, Item 18.)  21c. HOW INJURY OCCURRED (Inter nature of injury in Part 2, Item 18.)  21c. HOW INJURY OCCURRED (Inter nature of injury in Part 2, Item 18.)  21c. HOW INJURY OCCURRED (Inter nature of injury in Part 2, Item 18.)  21c. HOW INJURY OCCURRED (Inter nature of injury in Part 2, Item 18.)  21c. HOW INJURY OCCURRED (Inter nature of injury in Part 2, Item 18.)  21c. HOW INJURY OCCURRED (Inter nature of injury in Part 2, Item 18.)  21c. HOW INJURY OCCURRED (Inter nature of injury in Part 2, Item 18.)  21c. HOW INJURY OCCURRED (Inter nature of injury in Part 2, Item 18.)  21c. HOW INJURY OCCURRED (Inter nature of injury in Part 2, Item 18.)  21c. HOW INJURY OCCURRED (Inter nature of injury in Part 2, Item 18.)  21c. HOW INJURY OCCURRED (Inter nature of injury in Part 2, Item 18.)  21c. HOW INJURY OCCURRED (Inter nature of injury in Part 2, Item 18.)  21c. HOW INJURY OCCURRED (Inter nature of injury in Part 2, Item 18.)  21c. HOW INJURY OCCURRED (Inter nature of injury in Part 2, Item 18.)  21c. HOW INJURY OCCURRED (Inter nature of injury in Part 2, Item 18.)  21c. HOW INJURY OCCURRED (Inter nature	-
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NAME (Type) LIONEL MEMY WAIN MO CHOWNSVILLE HOSPITELY,	7,000
Storing the underlying course   DUE TO, OR AS A CONSQUENCE OF	(State)
VR A15 (4) 24 FONERAL DIRECTOR ADDRESS 250, REC'D BY REGISTERS 250 REC'D BY REGISTERS STORAGE REC'D BY	ge.
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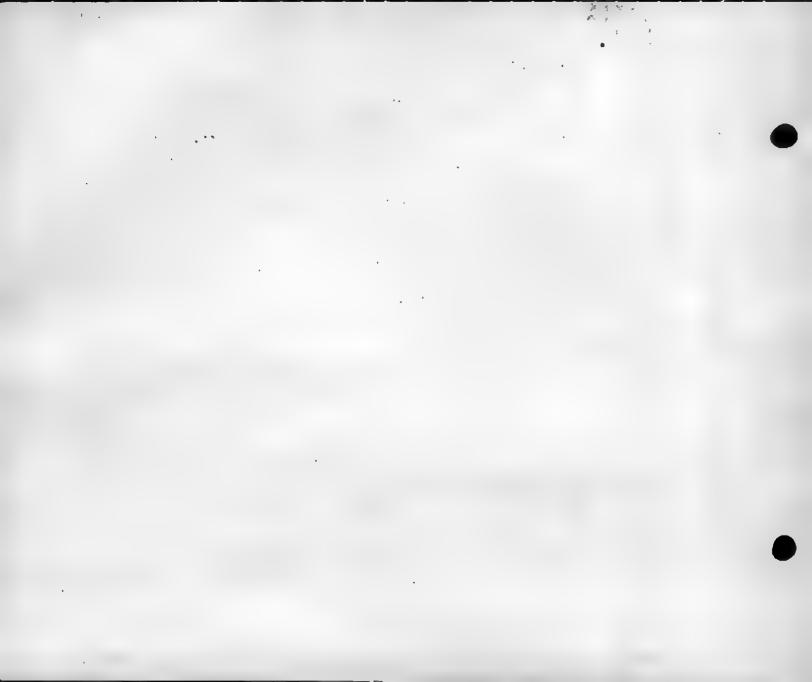


12 B	MAKTLAND STATE DEPARTMENT OF HEALTH  DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
EOD CHATE	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1. DECEASED NAME First Middle Lost 20 DATE KNOWN Month Doy Year 2b HDUR (Type or Print) VINCENT N. CHILDS DEATH MATED July 20, 168 2:006
Para S.	
5 m 2 m	3. SEX 4. RACE S DATP OF BIRTH 6. AGE (In years I SUNDER I YEAR F UNDER 24 HRS. 2t DATE PRONOUNCED DEAD 2d HOUR
PM3. Po	Male Negro 0/27//9/5 52 yrs July 20, 1607 1968 2:00
d)	70 BIRTHPLASE (State or foreign 176 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
e D	(auntry) Miller M. WIDOWED DIVORCED Anne Arundel
ath Poge Th H	10 CITY OR TOWN DE DEATH 120 USUAL DCCLPATION (Kind of wark done 120 KIND OF BUSINESS OR
offer death ny 8. G.ve Poges 1, 2, colong with form Ph with the State Departiesth.	Anne Arundel General   during most of working life, even if retired   INDUSTRY
s ofter 18. G.v olong 2 with death.	130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER
75 o 18. 18. 2 w dec	odmisson) STATE Maryland 13b COUNTY - Baltimore YES NO 1019 McKean Street
hour than after after after	4 FATHER'S NAME First 1 M dote Lost 15. MOTHER'S MAIDEN NAME First Middle Lost
4 E 3 3 3	Thornie Childs Trances hale
h'n 24 hour ncti in Ham niner's Offing poges Land i hours after	16a WAS DECEASED EVER IN U.S. ARMED FORCES?  16b SOCIAL SECURITY NO  17 HEFORMANY  ADDRESS  A
I with n pen Exomi	(Yes, no or unknown) (If yes gow war or dates plantice) 212-16-4337 Etta Color As 1019 Me Kran Clark
rold be executed without of the food of th	APPROX MATE MITERIAL BETWEEN ONSEL AND DEATH PART I DEATH WAS CAUSED BY:  Drowning  Drowning
nding in Medical in permit.	PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). Drowning
Me Me nt v	DUE TO, OR AS A CONSEQUENCE OF
be "pe nief unsit	Conditions, if any, which gave )
old e Ch any	rise to immediate cause (a), (   DUE TO, OR AS A CONSEQUENCE OF
should be e ne word "per to the Chief I buriol-transit	last. (c)
te the state of th	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
This certificate should be executed within 24 hours ofter death icate, writing the word "pending in pencitiff than 18. Give Pogibe forwarded to the Chief Medical Exominers Office olong with debe used as a buriol-transit permit. File pages Land 2 with the State removal and in any event within 72 hours after death.	1)10 A
certii , writ orwal used movo	190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO  210 EXTERNAL CAUSE WAS 210 I ME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
his (ate, e fo	WAS PERFORMED?  YES  NO
= -	
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L EXAM ecute th Poge 4 or your R: Page al, crem	WHILE AT WORK AT WORK WALET Severn River Anne Arundel M.D.
olcal EXAMINER: ileose execute the cert director. Poge 4 should estained for your files. DIRECTOR: Page 3 shou in to bur al, cremotion,	220. I certify that I took charge of the remains described above, held an Autapsy 🔀, Inspection 🗍, Inquiry 🗍, and in my apinion
ed feed for the part of the pa	death resulted fram: Natural causes 🔲 , Accident 🐹 , Suicide 🔲 , Homicide 🔲 , Undetermined monner 🔲
TY SICA y, pleose e irol director e retained (AL DIRECT)	CHIEF MEDICAL EXAMINER
	SIGNATURE ACTUAL M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED
	EXAMINER'S Ronald N. Kornblum, M.D. DEPUTY MEDICAL EXAMINER July 21, 1968
ro DEPUTY necessory, pl the funerol of 5 may be re fo FUNERAL I Health print	NAME (Type)  ADDRESS(Street, city, town, or county)
5 5 E 2 5 E	230 BUR AL CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATION (City of Jown) (County) (State)
2	Kured July 27, 1760 Sulfund Mallorial Mullimite That
M feet was an	24 FUNERAL DIRECTOR 220 REGISTRAR S SIGNATURE 250 REGISTRAR S SIGNATURE 250 REGISTRAR S SIGNATURE
10M REV 1 05	Georph & Kines 2222 W. Markere; DATE UL 23 1968 general granter





1	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	0.550
FOR STATE	Ιt	om#5.FiJmg' 02 7/15MEDICAL EXAMINER'S CERTIFICATE OF DEATH	9359
HEALTH DEPT.	1 D	PECEASED NAME First Middle Lost 20 DATE KNOWN OF Month	Doy Yeor 2b. HOUR
ay Is 3 to Page Page		LSTEIN (NMI) CIMEN DEATH MATED	3 ES DM
ny delay 2, and 3 PM3, Pa	3 5	1973 Inst builday Months DAYS HOURS MAN	2d HOUR
y del	L	P N Dec 12, 119:09: 5 90Ks	3. YOU 48 PM
1 /	70 cour	BIRTHPLACE (Stote or foreign 7b CT ZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
	_	"Georgia USA. WIDOWED DIVORCED XI M. A. CO.	Md.
INER: This certificate should be executed within 24 hours after death e certificate, writing the ward "pending" in pencil in Item 18. Give Pages should be farwarded to the Chief Medical Examiner's Office along with fartiles.  3 should be used as a burial-transit permit. Me pages land 2 with the state atian, ar remayal, and in any event within Medical death.	10 3		12b KIND OF BUSINESS OR INDUSTRY
18. Giv. blang	130	USUAL RES DENCE (Where deceased I yed, if institution, Residence before) 3c CTY OR TOWN 13d INSIDE CTY LIMITS? 13d STREET AND NIMBER	
hours after the hours after adam 18. Gin and 2 with other death.	L °	dmission) STATE Jersey 13b. COUNTY COMBERIAND Bridgeton YES & NO 10 South	Ave.
haurr Item Office I and 2	14. 8	AFRER'S NAME First Middle cost 15. MOTHER'S MAIDEN NAME First Middle	lost
22 Sin I		William McErimmon EMMA	クリトト
auld be executed within and "pending" in pendil in the Chief Medical Examiner in-transit permit. The page any event within Testaus		WAS DECEASED EVER IN U.S. ARMED FORCES?  16b. SOCIAL SECURITY NO 17 INFORMANT ADDRESS 27 7  16c, no. or unknown) 1 1/1 yes give wor or doles of service) 100 17 INFORMANT ADDRESS 27 7	Brich st.
EX COLOR	-	(es, no, or unknown) [Hyas give wer ar doles of service] 257-48-7898 ANNIE MAEJOHNSON Bridge	APPROXIMATE INTERVAL
ithing.		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) } PART I. DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
xecinding Medin		MANUAL CAUSE (a)  MANUAL PARA CAUSE (a)  MANUAL PARA CONSEQUENCE OF  MANUAL PARA CONSEQUENCE OF	Jacob Comment
per ief / insit		Conditions, if only which gove 3	
France Charles		rise to immediate couse (o).  Stating the underlying couse  DUE TO, DR AS A CONSEQUENCE OF	
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arte d to and		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
iting arde arde d as	8	8264	
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INEI PNEI Shou files 3 shou artic	MED	21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street. 21f, OCATION, Street or R.F.D. No. C. tv or Town	County State
bical Examiner: se execute the certical road of should have a should ned far your files. ECTOR: Page 3 shauld burial, cremation,		WHILE AND WAILE TOCTORY, Office building etc) AT WORK	
LECUT Recution Programmer Program		22a   certify that I taak charge of the remains described above, held an Autopsy   Inspection A Inquiry	and in my apin on
SICAL use exector. Printed for RECTOR:		death resulted fram, Natural causes 🚺 , Accident 📈 , Suicide 🔲 , Hamicide 🔲 , Undetermined manner [	
ssary, please extended director.  WERAL DIRECTOR  The prior to bur		ACTUAL CHIEF MED CAL EXAMINER C	
y, ple eral di per et RAL Di priar		SIGNATURE ASS STANT MEDICAL EXAMINER 220 DATE	IGNED/
TO DEPUTY COLOR EXAM necessary, please execute the funeral directar. Page 4 5 may be retained far your TO FUNERAL DIRECTOR: Page Health prior to burnol, crem		EXAMINER'S NAME (Type)  DEPUTY MEDICAL EXAMINER  ADDRESS(Street, city town, or county)	and ch
TO DEPU hecesso the fun 5 may 70 FUNE Health	23d		(County) (State)
F E	1	Combustispecty July 8, 1968 Rockhill Jacksonville, Telf	Pair Georgia
	24	FUNERAL D RECTOR CHARLES 7. 7300 4 ADDRESS 250 REC'D BY REGISTRAR 250 REGISTRAR'S S	
VR A15ME (5) 10M REV 1/68	1	topping Funeral Horse ANNApolis, md. 1911 - 8 1968 gollanda	1 mag



b 1	MARYLAND STATE DEPARTMENT OF HEALTH
d-	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1 DECEASED-NAME (Type or Print)  Mode  Lost  20 DATE KNOWN Month Doy Yeor 2b. HOUR
of age	(1) a) tha (1) Colbe) t DEATH MATED 7-28 1968 AM
Pa Pa	3 SEX 4 RACE S DATE OF BIRTH 6 AGE (In years IF UNDER 14 HRS 2c DATE PRONOUNCED DEAD 12d HOUR
2, and 3 ta PM3. Page artment of	Female Col. 9/21/1917 SOYRS. MONTHS DAYS HOURS MIN. Month 7 Day 78 Year 108 1 M
50'd	TO BIRTHPLACE (Stote or foreign The CITYZEN OF WHAT CODNTRY?   8 MARRIED NEVER MARRIED   9 COUNTY OF DEATH
find form	country) Wed. U.S. C. WIDOWED DIVORCED Charge Crundel Md
haurs after death Item 18. Give Pages Office along with for 1 and 2 with the Sharingter death.	10 NTY OR TOWN OF DEATH  11 NAME OF HOSPITA. OR INSTITUTION (If not in hospital out of morking life, even if reiting)  12 USUAL OCCUPATION (Kind of work gone lib Kind OF Business OR during not of working life, even if reiting)  13 NAME OF HOSPITA. OR INSTITUTION (If not in hospital during not of working life, even if reiting)  14 NAME OF HOSPITA. OR INSTITUTION (If not in hospital during not of working life, even if reiting)  15 NAME OF HOSPITA. OR INSTITUTION (If not in hospital during not of working life, even if reiting)
Give ong hh th	130 USUAL RESIDENCE (Where discosed lived, if institution, Residence before 32 CITY OR TOWN ) 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER
F 2 6 €	odmisson) STATIMA. 136 COUNTY (I. C. annapolis) YES NO 1 33 C. C. Jenace
	16 FATHER'S NAME First Middle Lost 15 NOTHIR'S MAIDEN NAME 7 First Middle Lost
hin 24 ncil in niner's pages 1	160 WAS DECEASED EVER UNUS ARMED FORCES?   16b SOCIAL SECUR TY NO   17 INFORMANT   ADDRESS A
within 24 pencil in xaminer's ile pages 72 haurs	(Yes, no, or unknown) The growing of deter of service) Mary Bras 84 Clay St. and M.
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the state of the s	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
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ER: This certificate, auld be fa fa. ihauld be u ian, or ren ian, or ren	
NER: T certific hauld b iles. shauld trian, or	PRIMARY OR CONTRIBUTING HOUR A.M.  CAUSE OF DEATH P.M. 19  21d. IN. JRY OCCURRED 21e PLACE OF IN. JRY (At home form, street). 21f LOCATION Street or R.F.D. No. (ity or Town). County. State
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bical Examiner: blease execute the certification. Page 4 shauld etained far yaur files.  DIRECTOR: Page 3 shaurr ta burial, crematian,	WHILE NOT WHILE foctory, office building, etc )
ICAL EXA Pecule tar. Page ed far yau CTOR: Page	220 I certify that blook charge of the remains described above, held an Autopsy I Inspection I Inquiry I and in my opinion
JICA please ex director. etained if DIRECTO	deoth resulted from. Netocol couses . Accident . Suicide . Homicide . Undetermined monner
edse lirect rain VIRE	CHIEF MEDICAL EXAMINER
E	SIGNATURE A LECT AND ASSISTANT MEDICAL EXAMINER 226 DATE SIGNED
ER P	EXAMINER'S DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEP
O DEPUTY necessary, R the funeral S may be r D FUNERAL Health pric	NAME (Type)  ADDRESS(Street, city, town or county)
TO DEPU necessar the fune 5 may b TO FUNE Health	230 RUR AL CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Copyly) (Stote)
A.	Burial 8-1-68 Chews Memorial Owen ville Mr.
In	24 FUNERA DIRECTOR 250 RECU BY REGISTRAR 256 REGISTRAR'S SIGNATURE
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by the haspital or attending physician. If the death certificate be executed within 24 hours after by the haspital or attending physician. If the this certificate has been signed by the attending physician and completely filled in by the be detached far use as the burial-transit permit. Then please enhance carbon process state Dept. at Health prior to burial, cremation, ar removal and in odly event, within Zeros after.		Land		OT RELATED TO THE TERMINAL DISEASE OR COM	IDITION GIVEN IN PART 1(a)	
The law ratending has been se as the h prior to	CENTRICAT ON	190 DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PE		20b IF YES, WERE FINDINGS CON CAUSES OF DEATH?	NSIDERED IN CERTIFYING
in the house of th		21a. ACCIDENT WAS UNDERLYIN	G 21b. TIME OF INJURY	YES NO 121c. HOW INJURY OCCURRED (Enter n	ature of yours in Book L or Book 2. Its	um IDV
SICIAN spital o priffical sad far af He	MEDICAL	OR CONTRIBUTING CAUSE OF OEAT	rif HOUR A.M. Manth Day Year ner) P.M. 1	9		
G PHYSIC the haspit this certi detached	≥	21d. INJURY OCCURRED 21e. While Not whee at work	PLACE OF INJURY (AT HOME, FARM, STREET, FA	CTORY,) 21f. LOCATION Street or R.F.D. No.	City or Town	County State
Page 4 may be retained by the haspital or attending physician.  To FUNERAL DIRECTOR: After this certificate has been signed by the attending phy director, page 3 shauld be detached far use as the burial-transit permit. Then shauld be filed with the State Dept. of Health prior to burial, crematian, or remaya		saw the deceased a	is hospital) ottended the deceas	ond that in (my) (our) opini	on death occurred on the date	, that (I) (we) last e and haur and from the
OR ATTENE be retained birECTOR: A pp 3 should		22b. SIGNATURE	e, (I) (we) (did) (did not) view the	ATTENDING ON MED	STAFF [7] -7/2	ATE SIGNED
TAL OR ray be ray be ray be ray page 3 e filed w		22d. PHYSICIAN'S NAME (Type)	mey aut	22e. ADDRESS	A 30 11	Celen Beni.
TO HOSPITAL Page 4 may TO FUNERAL is director, page shauld be fill	23a	·/-/	DATE 23c NAME OF	CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
10 H 01 B 10 H 01 H 01 H 01 H 01 H 01 H		BURIAL, CREMATION, REMOVA (Spec by) REMOVA (Spec by) FUNERAL DIRECTOR	13/68 FT.	LINCOLN	COLMAR MANOR PR	GEO, MD.
OM REV 68	W	W. CHAMBEI	9560, 8201 82	SUELANDO DATE AUG		les Judge



	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	13831
1	. DECEASED-NAME First Middle Lost 20 DATE KNOWN Month Do (Type or Print)  OF ESTI	
3	DORETHA FAYLAIN  DALE  DEATH MATED 7-8  1. SEX  4. RACE  S. DATE OF BIRTH  6. AGE (In years   F Under 1 YEAR   F Under 24 HPS   2c. DATE PRONOUNCED DEAD   Months   DAYS   Hours   Months   Mont	1968 M 26 ROUR
	Female White 23 YRS Sept. 7	Year 1968 M
	BIRTHPLACE (State or foreign 75 CITIZEN OF WHAT COUNTRY?  B MARRIED NEVER MARRIED 9. COUNTY OF DEATH  WIDOWED DIVORCED Appe Arundel	Md.
10	D. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120, USUAL OCCUPATION (Kind of work done 1.25	b KIND OF BUSINESS OR DUSTRY
13	3a. USUAL RES DENCE (Where deceased ved, f institut an. Residence before 13c. CITY OR TOWN yES NO 2 7 13e. STREET AND NUMBER 7 13b. COUNTY 7 7 13c. STREET AND NUMBER 7 13b. COUNTY 7 13c. STREET AND NUMBER 7 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS?	
14	4 FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Lost
16	So, WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 16b SOCIAL SECURITY NO 17. INFORMANT ADDRESS	
	PART 1 DEATH WAS CAUSED BY  IMMEDIATE CAUSE (a)  Undetermined due to advanced decomposition  DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
CEDITIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES NO
MENICAL CED		18.)
Ann	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 21d. PLACE OF INJURY (At home, farm, street, factory, affice building, etc.)  21f. LOCATION Street or R.F.D. No. City or Town (2)  7	County State
2		NED
	REMOVAE (SPECIA) 10:13:68 V. A. Med. Med. Sahorl Baltimore The ADDRESS 250. REC'D 84 REGISTRAR 256 REG STRARS SIGN	ATURE
		las Judge



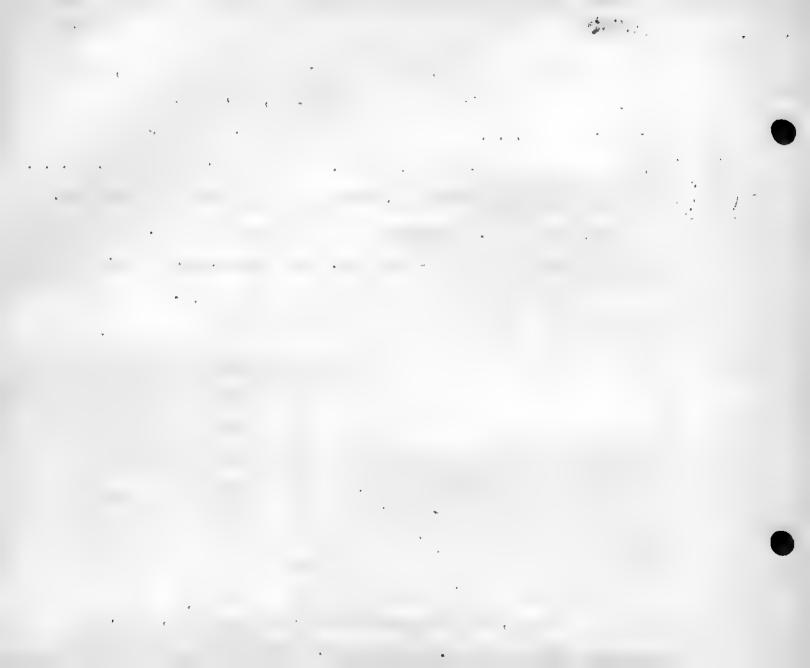
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A haur	7a cou	BIRTHPLACE (State or foreign narry) Maryland	7b. CITIZEN OF WHAT COUNTRY USA	INSPERIENCE MEAN	K IBAKK EU	TY OF DEATH	Md
vithin 2 ely fillec oan paj		ity or town of death Annapolis	11 NAME OF HOSPI give street address Samp	TALOR INSTITUTION (If not in hosp ) Son Place	atal 12a. USUAL OCCUP during most of we Superi	ATION (Kind of work done orking life, even if retired.)  ntendent	125. KIND OF BUSINESS OR INDUSTRY  Buildings
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be exe	_	FATHER S NAME First  Darcy	Middle E. Dav.	Last 15. MOTHE	R'S MAIDEN NAME First  Maude	Middle	McAllister
artificate physiology en please ayal, and		was deceased ever in u.s. ARME es, an ar unknown) (If yes give wor	D FORCES? 16b SOCIAL roughles of service)	SECURITY NO. 17. INFORMAT	pte Funeral S	Service record	
HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death age 4 may be retained by the haspital ar attending physician.  FUNERAL DIRECTOR: After this certificate has been signed by the attending-rector, page 3 shauld be detached far use as the burial-transit permit. The hauld be tiled with the State Dept. af Health priar to burial, crematian, or rem	MEDICAL CERTIFICATION	18. CAUSE OF DEATH (Enter any PART I. DEATH WAS CAUSED IMMEDIAT Cond. trans, if any, which gove itself a immediate couse (a), stoting the underlying cause lost.  PART 2 OFFER SIGNIFICANT CONE 19a. DATE OF OPERATION 19b. CO. 19b. CO	Onde cause per log for (o), (b) BY: E CAUSE (o)  DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)  MICH CONTRIBUTING TO DEA  CONDITIONS CONTRIBUTING TO DEA  CONDITION FOR WHICH OPERATION  (a)  THACE OF INJURY  (AT HOME, FARM OFFICE BUILDIN  (I) (wwe) (did) (did not) v  CAUCOCCO	UENCE OF SCIPLE  UENCE OF SCIPLE  TH'BUT NOT RELATED TO THE TER  OCC. CLO  ON WAS PERFORMED  20a.  YI  21c. HOW INJUR  19  19  19  21f. LOCATION  G, ETC.  DEGREE  ATI  DEGREE  ATI  PH  22e  NAME OF CEMETERY OR CREMATO	AUTOPSY?  ES NO NO  Street or R F.D. No.  Street or R F.D. No.  (my) (our) opinion do  TENDING MED.  YS DIRECTOR  ADDRESS  DRY 23d L	CATION (City ar Town)	County State  County State  County State  ATE STONED  (Caunty) (State)
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MARYLAND STATE DEPARTMENT OF HEALTH



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		24400		CERTIFICATE OF D	DEATH		J365
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fune fune l a	3 5	LEONARI	14. RACE JOSHUA	S. DATE OF BIR		6 AGE (In years	1F JNDER 1 YEAR F UNDER 24 HRS.
s afte the f ages rs afte	"	Male	White		29,1885	Lance to See March	MONTHS DAYS HOURS MIN.
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hour in by rs. P	can	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARR	TED .	INTY OF DEATH	
24 i d i		Maryland	U.S.A.	WIDOWED X DIVORC		ne Arundel	Wq
E 26 E	10 (	CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR	INSTITUTION (If nat in haspital	12a USUAL OCCI	UPATION (Kind of work done	12b. KIND OF BUSINESS OR
专		denton	give street address)	polis Rd.	Ball Buck I.	methtethert	BUNDUSTRE R.R.
	130	USUAL RESIDENCE (Where deceas	ed lived, if institution: Residence before		3d. INSIDE CITY LIMITS?	13e STREET AND NUMBER	
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e execute and camp remove n any eve		FATHER'S NAME First	M.ddle Last	15. MOTHER'S MAI	DEN NAME First	Middle	Lost
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ertificate be physician c nen please iaval, and ii	160	WAS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL SECURIT		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Address	(
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be diri	CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS	PERFORMED 20a. AUTOP	SY?	206. IF YES, WERE FINDINGS	CONSIDERED IN CERTIFYING
he a b b b b	Ę			YES 🗀	NO 🗀	CAUSES OF DEATH?	
or us		210. ACCIDENT WAS UNDERLYIN			JRRED (Enter noture	e of injury in Port 1 or Port 2,	Item 18.)
F F F F F F F F F F F F F F F F F F F	ਤ	OR CONTRIBUTING CAUSE OF GEAT	H HOUR A.M. Manth Day Ye	ar	,		,
G PHYSIC the haspit this certi defached	MEDICAL	(If either, notify medical examination of the communication of the commu	PLACE OF INJURY ( AT HOME, FARM, STREET,	FACTORY.) 21f. LOCATION Street	or P.F.D. No.	City ar Tawn	County State
PH shot		While Not while	PLACE OF INJURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.	) Entraction Show	01 (112) 110.	Δ 4	***************************************
OR ATTENDING PHYSICIAN: The law requires the be retained by the haspital or attending physician. DIRECTOR: After this certificate has been signed by pe 3 shauld be detached for use as the burial-trailed with the State Dept. of Health priar ta burial, cre			s beenitely ettended the decor	and from V VV		to x 244 1/ 19	) _ × , that (I) (we) last
Afte by Stock		caw the deceased a	is haspitol) attended the deced	19 mrd that in (my	() (our) opinion		ote and hour and from the
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A Parity State		22b SIGNATURE #	1 123	1.1.A	/	22c.	DATE SIGNED
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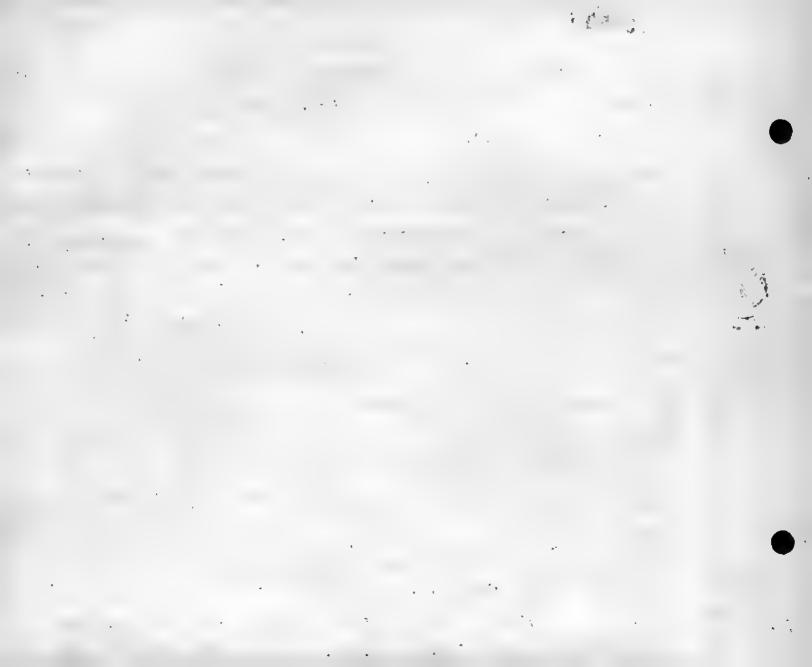


FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	366
. HEALTH DEPT.	1 DECEASED-NAME First Middle Last 2a DATE KNOWNE Month	Day Year 2b HOUR
is ge of	(Type or Print)  OF ESTI-26  DEATH MATED  7	13 1968 9:10p
ny deloy is 1, 2, and 3 to m PM3. Page Department of	3 SEX 4. RACE S DATE OF BIRTH 6. AGE (In years F UNDER 1 FEAR IF UNDER 24 HPS 2c DATE PRONOUNCED DEAD	2d HOUR *
D Name	Male White 34YRS Luly	13 Year 19 68 9 10 T
-E TIVI	70 BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH WIDOWED DIVORCED 4 Arunde	3
ages by fo	10 CITY OR TOWN, OF DEATH 11 NAME OF HOSP TAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
offer death 8. Give Pages 1, along with form with the State De	baltimore   give street address)   during angst of working life, even if retired )	INDUSTRYAu to
s offer 18. Gin along with death.	Annapolis  Anne Arundel General  13a. USUAL RES DENCE (Where deceased .ved, if institut an Residence before 13c CITY OR TOWN admission)  STATE  13b. COUNTY PG  3a. MSIDE CITY (MATS?   13e. STREET AND NUMBER   13b. COUNTY PG	
hours of the self	Md. Hygttsville 5233 Keni	llworth Ave
1 long	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Ruth Young	Last
ncil m nin 24 nin 5 pages hours	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS UP DE	r Marlboro,
I within n pencil Examin File pag	(Yes, Yeogunknown) 1959-59 Jules of service) 579482428 Harry T. Dixon Jr. 10804 Tyrone	
should be executed with a word "pending" in perion the Chief Medical Exartion-transit permit File in any event within 72	18. CAUSE OF DEATH (Enter only one cause per line for (p), (b), and (c).) PART I. DEATH WAS CAUSED BY-	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
xecu ding ledro perm t wii	IMMEDIATE (AUSE (a)	
be e 'pen'ief III	Conditions, If any, which gave	
ord bord left	rise to immediate cause (a).  stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
should be executed ne word "pending" or the Chief Medical buriol-transit permit in any event within	last. (c)	
at EXAMINER: This certificate should be executed within 24 hours ofter death execute the certificate, writing the word "pending" in pencil maken. 18. Give Page or. Page 4 sho≡ld lie forword≡d to th≡ Chief liedical lixaming its Office along with 18 for your files.  TOR: Page 3 should be used as a buriol-transit permit file pages long with the Staturial, cremation, or removal, and in any event within 72 hours after death.	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBLT NG TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
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his carte, y ale for le for remi	19a. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION  WAS PERFORMED?  21a. EXTERNAL CAUSE WAS  21b. TIME OF INJURY Manth, Day, Year  21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2. It	YES 🔛 NO 🗌
<b>建工 22 0</b>	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, 1) HOURY Manth, Day, Year PRIMARY (External CAUSE WAS PRIMARY (External	
uNER: Ti he certifica showld like files. 3 should I nation, or	CAUSE OF DEATH	
CAL EXAMINER: execute the cert or. Page 4 should for your files. CTOR: Page 3 shou burial, cremation.	WHITE NOT WHITE TO factory, affice building, etc.)	Caunty State
L EXA ecute Page or you R: Pag	AT WORK AT WORK STREET Ty. 258 N. of Rt. 2  A 22a. 1 certify that I took charge of the remains described above, held an Autapsy XX Inspection I, Inquiry	A Md
CAL For. Tor. Ped for CTOI	death resulted fram Natural causes , Accident XX, Suicide , Homicide Undetermined manner	
please I directe retained for to be bor to be	CHIEF MEDICAL EXAMINER	_
TY. p	SIGNATURE ( World MCulture M.D ASSISTANT MEDICAL EXAMINER & 226 DATE	SIGNED
o DEPUTY CICAL EXAM necessory, please execute the funeral director. Page 4 5 may be retained for your D FUNERAL DIRECTOR: Page Health prior to burial, crem	EXAMINER'S  NAME (Type)  ADDRESS(Street, city, town, or county)	July 14, 1968
TO DEPUTY SICAL EX.  necessory, please execute the funeral dimetor. Page 5 may be retained for yc TO FUNERAL DIRECTOR: Pa Health prior to burial, co	230 BURIAL, CREMATION, 235 DATE 236 NAME OF CEMETERY OR CREMATORY 23d OCATION (City or Town)	(Caunty) (State)
	Cedar Hill Cemetery Suitland, Maryl	and
VR ATSME IS	24 FUNERA. DIRECTOR Wilhelm Funeral Home ADDRESS 250 RECD BY REGISTRAR 25b. REGISTRAR'S	
10M REV. 1/68	4308 Suitland, Rd. SE, Suitland, Maryland DAJUL 19 1968 Clean	co maga

MAKTLAND STATE DEPARTMENT OF HEALTH



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		00000		CERTIFICATE OF DEATH	1	
£ -2-£		CEASED-NAME First	Middle	Last	2a. DATE OF DEATH	2b. HOUR
	1	ype or print) ADOL	PH	EISENRAUCH	July Month 29	, 1968 11PM
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within 24 sky filled i oan paper within 72	10 (	ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR II give street address)	NSTITUTION (If not in hospital 12a U	SUAL OCCUPATION (Kind of work done	126 KIND OF BUSINESS OR INDUSTRY
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quires tha physician. signed by burial-tran burial, crer		stating the underlying cause	DUE TO, OR AS A CONSEQUENCE O	20010201	is ponora	157
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3 PHYSIC the haspi this certi detached e Dept. a		While Mat while	OFFICE BUILDING, ETC.	ACTORY) 23f. LOCATION Street or R.F.D	-/ -7/a0	-
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Afr Afr e Stee	1	saw the deceased at	ive an ///	1962. and that in (my) (our) (	opinian death accurred on the d	ote and hour and from the
OR:	L	causes stated above	, (I) (we) (did) (did nat) view thi	e bady after death.		
Tefer Signature William	L	22b SIGNATURE	-11/10/05	- ATTENDING	MED. STAFF	7/31/68
be ge		OO L DUNGS AND C	prilares	DEGREE PHYS.	DIRECTOR PHYS PHYS	7751700
may may kal		22d. PHYSICIAN'S JOSE	eph Taler M.D.	22e ADDRESS	rohourt Pd	even survive
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Age Share				ed Heart Cemete		, ,,
F-5		FUNERAL DIRECTOR	ADDRES		D BY REGISTRAR 2Sb. REGISTRAR	aryland S SIGNATURE
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	MARTLAND STATE DEPARTMENT OF HEALTH	
1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
- Janes	CERTIFICATE OF DEATH	
± 2±	DECEASED-NAME PIRST Middle Lost ( 20. DATE OF DEATH 26.	HOUR
after death.  The toperat  The toperat  after death.	(Type or print) Cinal G. E. Masera 7-11-165th Doy Year 9	SAM
± 2=3		ER 24 HRS.
# ( ### E)	My lost pirthstoy) YRS. MONTHS CAYS HOURS	M.N.
hours hours	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY?   8 MARRIED   NEVER-MARRIED   9 COUNTY OF DEATH	
7 - 25	Swelen U.S. A. WIDOWED DIVORCED A, /	Md
E Page	CITY OR TOWN OF DEATH / 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS	SS OR
The second secon	during most of working life, even if retired) INDUSTRY	
a g a	to USUAL RESIDENCE (Where prepared lived, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER	^
e executed and cample for temave cal	Imission) STATE Med 13b. COUNTY GG GENOULD YES NO DECORD WAS	
exe	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost	
be and	John ENCBERG MARY	
law requires that the death certificate be executed adding physician.  been signed by the attending physician and camples the burial-transit permit. Then please remave carliar to burial, crematian, ar remaval, and in any event,	SG. WAS DECEASED EVER IN U.S. ARMED FORCES?  Yes. no. or unknown) { (If yes give wor or dates of service) } 16b. SOCIAL SECURITY NO 17 INFORMANT Address	
tific n p val	NO FAMIL DAME	
The The	18. CAUSE OF DEATH (Enter only one couse per time (pt.(a), (b), and (c),)	RVAL OEATH
ath ndir ir re	PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0)  CREATER  CONTRACTOR  CONTRACT	
afte afte	DUE TO, OR AS A CONSEQUENCE OF A A CONSEQUENCE OF	
of the or sit per matic	Conditions, if ony, which gave	
that in. oy t ans	rise to immediate couse (o).    Stating the underlying cause   DUE TO, OR AS A CONSEQUENCE OF	
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equires that the death physician. signed by the attendi burial, crematian, ar rr	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(0)	
v re ing en en he l		
lay endii be us the	196. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYII	NG.
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N:   ar   ar   ar   beal		
d figure of the definition of	ON CONTRIBUTING CAUSE OF DEATH  HOUR A.M. Month Doy Year  If either, notify medical examiner)  P.M.  19  Country  Countr	
hasphasper cell		State
this this part of the part of	While Not while of work of work	
TENDING ined by if OR: After auld be d	22a   certify that (1) (this haspital) attended the deceased from 900, 19, ta 700, 19, that (1) (1)	we) last
Ped Bid Bid Bid Bid Bid Bid Bid Bid Bid Bi	saw the deceased alive an	rom the
To Hair Hair Hair Hair Hair Hair Hair Hair	226 SIGNATURE 226 DATE SIGNED	
REC 3 s d wil	CHORDE ATTENDING DIRECTOR DIRECTOR PHYS 7-11-6	_
y be	22d. PHYSICIAN S DIRECTOR PRIS	1
SPITAL OR ATTENDING PHYSICIAN: The law requires the 4 may be retained by the haspital ar attending physician. VERAL DIRECTOR: After this certificate has been signed by 70 mage 3 shauld be detached for use as the burial-trantid be filed with the State Dept. af Health priar ta burial, created the state of	NAME (Type) RADOFT R HAAD, DEVESUE JOHN	4
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed Page 4 may be retained by the haspital ar attending physician.  Figure 4 may be retained by the haspital ar attending physician and cample, director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carrectorded by the state Dept. af Health priar ta burial, crematian, ar remaval, and in any event,	30 BURIA, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d QCATION (City or Town) (County) (Stot	te)
Poge Fun	AGMOVA (Specty) 1.1. 15. 1968 Able De la Company	-1
F F 000	4 FUNERAL DIRECTOR ADDRESS A DECID BY REGISTRAR 250 REGISTRAR S SIGNATURE	
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MAKTLAND STATE DEPARTMENT OF HEALTH



1	MARYLAND STATE DEPARTMENT OF HEALTH  DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	9
HEAVIN DEPT.	1 DECEASED NAME First M date lost 20 DATE KNOWN ☐ Month Day (Type or Print) MELVINA C FISHER DEATH MATED ☐ July 19	Year 26 HOUR , 1682:55 M
2, and 3 t	3 SEX	2d HOURA
7, 2, m P	70 BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED \$\ 9 COUNTY OF DEATH	
forr forr	GUNTARYLAND U.S. WIDOWED DIVORCED Anne Atundel  10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a JSUAL OCCUPATION (Kind of work done 12b K	Md.
r deat we Pog g with the Str	Glen Burnie   Gl	IRY  1 Beard
hours after death my delicate 18. Give Pages 1, 2, and Office glang with form PM3. Blond 2 with the State Department	130 USJAL RESIDENCE (Where, decensed lived, if institution Residence before 13c. CITY OR TOWN admission) STATE Maryland 13h (GUNIY) Baltimore Baltimore YES NO 122 Sanford Ave	21228
hour term Office ond ond	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Lost
24 In I	George W Fisher Georgia C. Bay 160 WAS DEPEASED EVER INCL.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	ures
within 24 comings coming comings comin	(Yes, W, or unknown) (H vas gree year or dates of service) 218 36 4547 George W. Fisher 122 Sahford Ave-	-21228
ICAL EXAMINER: This certificate should be executed within 24 hours after death execute the certificate, writing the word "pending" in executed in Item 18. Give Page for. Page 4 shauld be forwarded to the Chief Medical Examinarys Office glang with 18 for your files.  CTOR: Page 3 should be used as a burial-transit permit. File pages lond 2 with the Stateburial, cremation, or removal, and in any event within 72 hours after death	PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
s certificate y, writing th forworded to used as o l emoval, and	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM.NAL DISEASE OR CONDITION GIVEN IN PART 1(a)  19a. DATE OF OPERATION  19b. COND TION FOR WHICH OPERATION  WAS PERFORMED?  21a. EXTERNAL CAUSE WAS  21b TIME OF INJURY Month, Day, Year  21c HOW INJURY OCCURRED (Enter nature of in any in Part 1 or Part 2, Mem 18.	20 AUTOPSY?  YES NO
*= -x == "	PRIMARY TO OR CONTRIBUTING P. PM 7-19 19 68 Subject dove off boat	.)
XAMIN te the ge 4 sh your fil voge 3 s	21d INJURY OCCURRED WINIE NOT WHILE AT WORK AT WORK AT WORK WATER  21e. PLACE OF INJURY (At home, form, street, factory, affice building, etc.)  Water  21f. ¿OCATION Street or R F D. Na City ar Town Caj  Anne Arus	
DEPUTY DICAL EXAMINER: ressary, please execute the cert of tuneral director. Page 4 shauld may be retained for your files FUNERAL DIRECTOR: Page 3 should prior to buriol, cremation,	death resulted fram: Natural causes . Accident , Suicide ., Hamicide ., Undetermined manner	and in my apinion
ro DEPUTY necessary, p the funerol 5 may be re 10 FUNERAL Health prino	SIGNATURE ASSISTANT MEDICAL EXAMINER IN JULY 1:  EXAMINER'S Ronald N. Kornblum, M.D.  ADDRESS(Street, city, town, or county)	ß, 1968
<b>5</b>	23d BURIAL (REMATION, REMAYAL (Specify) 7-22-1968 St. John's 23d LOCATION (City or Town) (County-Ma	
VR A15ME (5)1	24 HONERAL DIRECTION 301 Frederick Rd. DATUL 2 2 1868 GCLONES CHARLES	TLRE



1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 STEET CERTIFICATE OF DEATH								
death.		ECEASED NAME First (ype or print) W11112	n B Fogler Middle	Last	2a. DATE OF DEATH July Month	1968 2b. HOUR			
	3. SI	Male	4. RACE White	De 11,1911	6 AGE (In years last birthday) 56 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS GAYS HOURS MIN			
24 hour	cau	htry) Md	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH AA CO	Má			
xecuted within 24 fompletely filled i move carbon pages ny event, withir 72	ı	ITY OR TOWN OF DEATH Glen Burnie	11. NAME OF HOSPITAL OR IN give street address)  No Arundel	Gen Hosp	AL OCCUPATION (Kind of work done out of working life, even if retired)	12b KIND OF BUSINESS OR INDUSTRY			
ecuted complet ave cor y event	odm	ission) STATE Md	ed lived, if institution Residence before 13b. COUNTY AA Co		umits? 136. STREET AND NUMBER 221 Glen Rd				
din and din an		ATHER'S NAME First Robert	Middle Fogler	15. MOTHER'S MAIDEN NAME I Sarah		Lost			
certificate be physician bease noval, and in	16a,	es No ar unknawn) (It yes give wo	AED FORCES?  Tar or dates of service)  16b. SOCIAL SECURITY	NO. 17. INFORMANT Family	Address Same				
at the deoth cer the ottending p nsit permit. The motion, or remo		PART I. DEATH WAS CAUSED IMMEDIA	ly one couse per line for (a), (b), and (c) D BY: ATE CAUSE (a)	usale Warrelosse	j	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  2 Months			
aquires th physician signed by burial-tro		Candit ons, if ony, which gave a rise to immed ate cause (o), stating the underlying couse.	(b) DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF	my blesoris		199.			
		last.	(c)	OT RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(a)				
	FICATIO	19a DATE OF OPERATION 19b. C	CONDITION FOR WHICH OPERATION WAS PE	RFORMED 20a. AUTOPSY?  YES NO	20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	ONSIDERED IN CERTIFYING			
PHYSICIAN: The low re he hospital or aftending this certificate hos been tetached for use as the Bopt. of Health prior to	MEDICAL CERT	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examin	H HOUR A.M. Month Doy Year	21c. HOW INJURY OCCURRED (Ente	r noture of injury in Part 1 or Part 2, 1	tem 18.)			
G PHYSICIAN the hospital This certifico detached for te Dept. of He	ME	21d. INJURY OCCURRED 21e. While Not while at work	PLACE OF INJURY (AT HOME FARM, STREET, FA	CTORY.) 21f. LOCATION Street or R F.D. No		Caunty State			
TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Poge 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate hos been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to		22a. I certify that (I) (this saw the deceased all couses stated above	is hospital) attended the deceas live on	ed from , 19 9 55, and that in (my) (aur) op body after death.	inion death accurred an the da	68, that (I) (we) lost te and hour and from the			
be reto DIRECTO DIRECTO DIRECTO		22b. SIGNATURE	redy Smith	DEGREE PHYS.		DATE SIGNED 7/28/68			
TO HOSPITAL OR Poge 4 may be r TO FUNERAL DIRE director, page 3 should be filed v	22	NAME (RAPE) J. B	RADY SMITH	22e. ADDRESS RIU EN/	BEACH, MO	7.			
TO Fu TO Fu direc		BURIAL, CREMATION, REMOVAL (Specific Property 17/2) FUNERAL DIRECTOR	DATE 23c NAME OF CILET	CEMETERY OR CREMATORY	23d GLOCAT ON (City or Town)  Y REGISTRAR 2Sb. REGISTRAR'S	AAUTO Md (1)			
OM REV SE	DA	La Cally F. H.	V37 Katopero	QUE DATEJUL					

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1		19364	DIVISION C			PRESTON STR		RE, MARYLAND 2120	0372	
deoth.		CEASED-NAME First ype or print) PET	ER	Middle JOHN	:	lost FO <b>N</b> CAINE	20.	JULY Manth 15	Day 196% or	25. HOUR 2:30 <sup>0</sup> M
1	3 SE	Male		ite		S. DATE OF BIR	TH Ly 1968	6. AGE (In years lost birthdoy)	MONTHS DAYS YRS.	IF UNDER 24 HRS. HOURS M.N.
	cour	Marytand	USA	WHAT COUNTRY?	WIDOW		(ED 🔲	UNTY OF DEATH Anne Arunde		Md.
,	F	ity or town of DEATH ort Geo G. Mea	de gw	NAME OF HOSPITAL OR INS ve street address) Kimbrough A	rmy ]	Hospital	during most of Newbo		ed ) INDUSTRY	BUSINESS OR Vone
	admi	USUAL RESIDENCE (Where deceos ssian) STATE Md	13b COUNTY	Arundel		Meade	YES NO X	13e STREET AND NUMBER 1906 Patto	on Drive	
2		ATHER'S NAME First John	Middle H.	Fonta		15. MOTHER'S MAI	DEN NAME First He	lga Middl	Schnei	lost ider
	Ióa. Y		A A			7. INFORMANT Helga Fo	utaine,	1906 Patton	Drive,Ft	Meade, M
		18. CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE)	TE CAUSE (a)	line for (o), (b) and (c);  Extreme P  R AS A CONSEQUENCE OF	rema	turity			BETWEEN O	ONSET AND DEATH
		Conditions, it any, which gave a rise to immediate cause (a), stating the underlying cause	(b)	R AS A CONSEQUENCE OF						
		PART 2 OTHER SIGNIFICANT CON	(c) IDITIONS CONTRI	BUTING TO DEATH BUT NO	OT RELATED	TO THE TERMINAL	DISEASE OR CONDIT	ION GIVEN IN PART 1(a)		
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	MEDICAL CER	21a ACCIDENT WAS UNDERLYIN  OR CONTRIBUTING CAUSE OF DEAT  (If either, notify medicol exami	HOUR A.M					re of injury in Port 1 or Po	rt 2, Item 18.)	
	₩.	21d INJURY OCCURRED 21e. While Not while at work	PLACE OF INJUR'	Y (AT HOME, FARM STREET FAC OFFICE BUILDING ETC				City or Town	County	Stote
		22a. I certify that (B) (the saw the deceased o couses stated above	is hospital) a live on 15 ; (} (we) (did	ttended the deceose July 1 d) (d <del>id not</del> ) view the b	d from 9 <u>68</u> , o ody afti	13 July and that in (my er death.	, 19 <u>_00</u> ) ( <b>au</b> P} opinion	to 15 July death occurred on th	, 19 <u>68</u> , that e date and hour	(I) (ws) last and from the
		226. SIGNATURE	hA	Meur		ATTENDING		OR STAFF PHYS.	22r DATE SIGNED 15 July	1968
		22d. PHYSICIAN'S JOSEPH NAME (Type)					orough Ar	my Hosp, Ft		
	Ì	BURIAL, CREMANTON, 235 REMOVAL (Specify)	DATE 19, 19	968 230 NAME OF CALLA	EMETERY  GTON	NAMONAL	23d 25o, RECD BY REG	LOCATION (City or Town)  RUNG TO N  ASTRAD 25h DECESTE	(County)	(State)
/68		Sistar Stall	Del 53	5 WASHBI	VP	mel.	DANUL 19	1968 gel	arla Jud	gr

MARYLAND STATE DEPARTMENT OF HEALTH

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7	1	29365	DIVISION OF VITAL RECORDS	, 301 W. PRESTON STREET, BALT	IMORE, MARYLAND 21201	69378
				CERTIFICATE OF DEATH		
± −2±		CEASED NAME First ype or print) A		FONTZ	20. DATE OF DEATH	2b. HOUR
9 9 5 E	,	Abe or brant) H	NNA H.		Jule 4 30	*
	3. 51		4 RACE	S. DATE OF BIRTH	6 AGE (In years	IF UNDER 1 YEAR IF JINDER 24 HRS. MONTHS DAYS HOURS MIN
5 283		FEMALE	WHITE	JULY 8, 10		
haur s P	70	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
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ecul cam ave y ev		MARYLAND	ANNE ARUNDEL	GLEW BURNTE	X 45 Herright	
md md rem	14.	ATHER S NAME First	Middle Last	IS. MOTHER'S MAIDEN NAME		last IERS
ond ir		FRANK				
rificate ystrian ystrian val, and		es, na, or unknown) (If yes give)	war at dates of service)			GAME AS # 11
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NING PHYSIC by the haspi frer this certi be detached State Dept. a	Æ	21d INIURY OCCURRED 21e	PLACE OF INJURY ( AT HOME, FARM, STREET,	FACTORY.) 21f LOCATION Street or R.F.D. No	o. City ar Tawn	County State
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ING by the ter d	П	22a. I certify that (I) (th	his hospital) attended the deced	ised from 10/10/, 19	62, to //30/ , 19	68_, that (I) (we) last
Af H		L cour the deceased of	alive an	TYPE and that in the learn ar	oinian death occurred an the de	ate and havr and tram the
ATI ME TO SEE THE TO SE THE TO SEE THE TO SE		22b SIGNATURE	re, (i) (we) (did) (did libi) view iii	e budy difer death.	220	DATE SIGNED
REC 3 S S I W I	-	Collmand !	Imushal	DEGREE PHYS.	MED STAFF DIRECTOR PHYS D	7/30/68
y by		22d. PRYSICIAN S	NOT MALLE	22e ADDRESS 5 / 2		TION ROAD
RAI be		22d. PHYSICIAN S NAME (Type) EDM	OND I.MOUSH	ABEK GLEN	BYRNIE, M	1d. 21061
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.  Page 4 may be retained by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending chysician and campletely fulled in by the feneral directar, page 3 should be detached far use as the burial-transit permit. They also remaye carbon papers P get and 2 should be filed with the State Dept. af Health priar to burial, cremation, ar remayal, and in any event, within 72 haur again definition.	230		DATE 23c NAME (	OF CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
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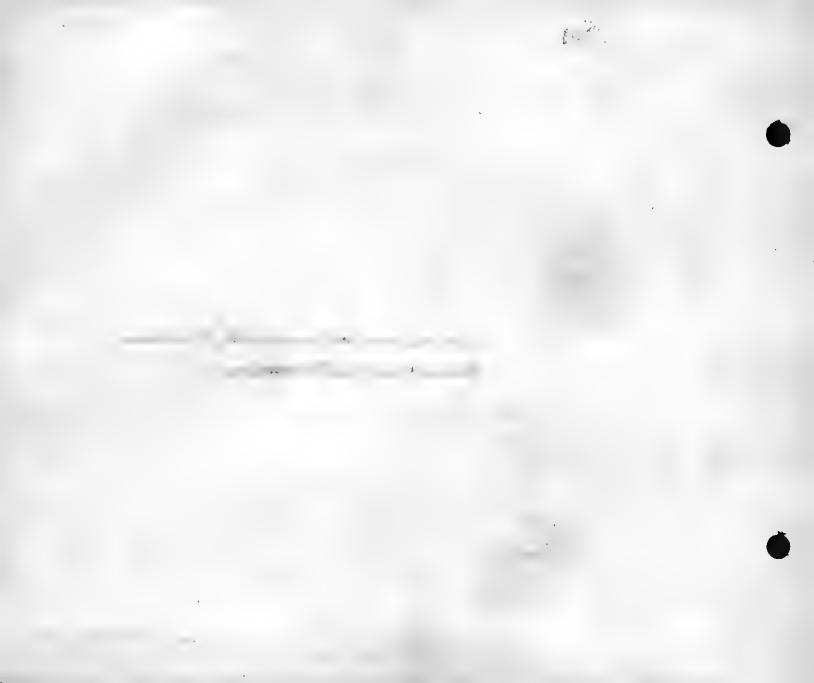
38	1		09367	DIVISION OF VITAL RECORDS,	D STATE DEPARTMENT OF 301 W. PRESTON STREET, BA CERTIFICATE OF DEATH	LTIMORE, MARYLAND 21201	09375
2	de off	1. DI (T	CEASED-NAME First Teresa	M.ddle	France	2a. DATE OF PEATH Month 1 O Doy	68 Year 12b, HOUR A
	differ L	3. SE	x Female	4. RACE White	S. DATE OF BIRTH 4-21-20	6. AGE (in years last birthday) YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
	hour y	7o E cour	Maryland 7	b. CITIZEN OF WHAT COUNTRY? U.S.A.	8 MARRIED A NEVER MARRIED WIDOWED DIVORCED	9. COUNTY OF DEATH Ann Arundel (	County Md.
	within 2 ely fille ban pa within	G	ity or town of death len Burnie	Diversed didress). The m	STITUTION (If not in hospital 120 US del Hospital tring Sal	SUAL OCCUPATION (Kind of work done most at working life, even if retired.)	126 KIND OF BUSINESS OR INDUSTRY
	prificate be executed within 2 physician and completely filler ien please remave carban pafavat, and in any event, within	_		13b. COUNTYA A CO	Ferndale YES	No 403 Oaklei	gh Ave.
	n and co		ATHER'S NAME First  John	Middle Sparzak		Eleanore M	ichamalski
	rtificate be ohysician ar en please ri val, and in		WAS DECEASED EVER IN U.S. ARMEE es, no, or unknown) (It yes give war	o FORCES? 16b. SOCIAL SECURITY or dates at service) 215 03 9		Addrege et France (siste	ltimore, Md. r-in-law) APPROXIMATE INTERVAL
	PHYSICIAN: The law requires that the death certificate be executed within 24 hours e haspital ar attending physician. his certificate has been signed by the attending physician and completely filled in by stacked far use as the burial-transit permit. Then please remaye carban papers—to Dept. af Health priar to burial, cremation, ar removal, and in any event, within 29 haurs	NO	Conditions, if any, which gove trise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT COND	DUE TO, OR AS A CONSEQUENCE OF  (b) CONSEQUENCE OF  (c) CONTRIBUTING TO DEATH BUT N	or RELATED TO THE TERMINAL DISEASE O		BETWEEN ONSET AND DEATH
	ATTENDING retained by the ECTOR: After the should be de with the State	MEDICAL CERTIFICATION	210 ACCIDENT WAS UNDERLYING  DO ROMPPOLING CAUSE OF DEATH (If either, notify medical examine)  21d INJURY OCCURRED While of work  22a. I certify that (I) (this saw the deceased alix	ACE OF INJURY (AT HOME FARM, STREET, FA	YES NO  21c HOW INJURY OCCURRED (ER  NOTORY.) 21f. LOCATION Street ar R.F.D  and from 19  and from 19  ATIENDING 21  ATIENDING 22	No City or Town  To John James John Jor Part 2,  No City or Town  19  Ipinian death accurred on the do	Caunty State  Caunty State  (1) (we) last and haur and from the
	VR ALL OF	230	22d. PHYSICIAN'S NAME (Type) Erne BURIA (REMATION, 23b DA REPOYAL (See 1) 291 ONEROLD RECTOR	713, 1968 Glen	22e. ADDRESS  CEMETERY OR CREMATORY  Haven Memorial  Funeral Homess RECE	DIRECTOR PHYS DAY  A Clen Burn  23d LOCATION (City or Town)  Park, Glen Burni  DBY REGISTRAR 25b. REGISTRAR'S	(County) (State)  B, Md. SIGNATURE
	30M REV 1168	L	on hill	Ten Hurni	e, Maryland DATEJU		



MAKTLAND STATE DEPAKTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03276 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 2o. DATE OF DEATH 2b. HOUR (Type or print) TONY ALAN . GABRITET ours after 3 SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS within 24 hours after lost birthday) MONTHS I MALE CAUCASIAN 8 JULY 1968 7a BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED MEVER MARRIED ANNE ARUNDEL U.S.A. WIDOWED [ DIVORCED [ 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital and in any event, within 10 CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind of work done 126. KIND OF BUSINESS OR giverstreet address) TMBROUGH ARMY HOSP during most of working life, even if retired ) INDUSTRY FT. GEORGE G. MEADE newborn signed by the attending physician and completely burial-transit permit. Then please remave carba 13a. USUAL RESIDENCE (Where deceased lived, if institution. Residence before. [13c. CITY OR TOWN 13e. STREET AND NUMBER The faw requires that the death certificate be executed 13b. COUNTY OLD DORSEY ROAD, APT #6 HARMANS 14. FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle DOUGLAS RUTH GARRIET. T. I.VDA COLLINS 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Address MD. 1 (If yes give war or dates of service) Yes, no, grunknown) crematian, ar remayal, DOUGLAS GABRIEL, OLD DORSEY RD, APT 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY RESPIRATURY DISTRESS SYNDROME 8hrs. IMMEDIATE CAUSE (a) \_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave ) PREMATURITY rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by stating the underlying causes LIFAGE OF DIABETIC MOTHER PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) as the prior tal 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO KX 3 should be detached for use with the State Dept. of Health 1 YES [ 21a, ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A M. Month, Day (If either, nably medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town County State While Not while at work 22a. I certify that (I) (this haspital) attended the deceased fram 1:30P 8 JULY 19 68, to 8:05P 8 JULY 68, that (I) (we) last saw the deceased glive on 8:05P.M. 8JULY 68 and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b, SIGNATURE 22c. DATE SIGNED ATTENDING STAFF 9 JULY 1968 DEGREE DIRECTOR director, page shauld be filed PHYS. 22e. ADDRESS 22d. PHYSICIAN'S M SOLOMAN, MAJ, MC. KIABROUGH ARMY HOSP, FT MEADE, MARYLAND 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BUR AL CREMATION 23b DATE (County) (State) 10 July 1968 Carl Baptist Cemetery Carl Ga. ADDRESS 250. REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE Singleton Funeral Home/Glen Burnie, Md. 30M REV 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09863 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH a. STATE b. COUNTY a. COUNTY MARYLAND i remave carban papers. Payer-P in any event, within 72 hours after c LENGTH OF STAY IN 16 c CITY OR JOWN Aff autside carparate limits, write RURAL and give negrest town) b SITY, OR TOWN (If autside carparete limits, ficetembe texecuted within 24 hours B IS RESIDENCE ON A FARM? UNOW (If not in haspital give street address) d STREET ADDRESS .⊆ YES X NO 3 NAME OF Middle DATE Manth Day campletely DECEASED OF (Type or pont) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED st birthday) Manths Hours WIDOWED X DIVORCED pup 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done please INDUSTRY physician FATHER'S NAME LIA'S MOTATER'S MAIDEN NAME crematian, or remayal, attending phys permit. Then p INFORMANY Addres IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO requires that the death permit. (Yes, na, ar unknawn) (If yes give war ar dates at service INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter any one cause per line for (a), (b) and (c).) signed by the burial-transit ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) by the haspital ar attending physician. DUE TO burial, Canditians, if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause as the last. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part . or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING [3] OR CONTRIBUTING CAUSE OF DEATH be detached State Dept. af (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 20e PLACE OF INJURY (Hame, farm, (City or town) (County) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED factory, street, affice bldg., etc.) Hour a.m. Nat While at wark L at wark 19 60 to 21 | certify that (1) (this hespital) attended the deceased fram. be retained be filed with the and that death accurred at M, fram causes and an the date stated above DIRECTOR: 710 69 saw the deceased alive an 220. SIGNATURE 22b. DATE STONED MED. DIRECTOR M.D. TO HOSPITAL Page 4 may b 22d. ADDRESS 22c. PHYSICIAN FUNERAL NAME (Type) directar, should t WARM OF CEMETERY ON CREMATORY 23g BURIAL CREMATION ~23b. DATE THEREO! (Caunty) 2 FUNERAL DIRECTOR

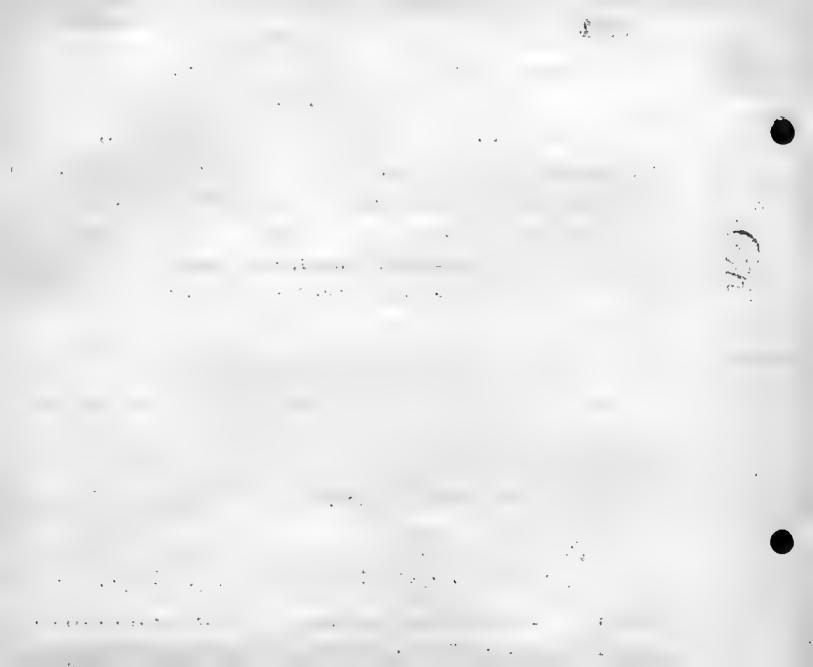


(N A)		MARYLAND STATE DEPARTMENT OF HEALTH
(AVI)		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
		CERTIFICATE OF DEATH
Viffin /2 hours after degin.		CEASED NAME First And Myddle Last 20 DATE OF DEATH  Ype or pnnt) And Day Year 2b. HOUR  And Day Year 2b. HOUR
	3. SE	S. DATE OF BIRTH  4. RACE  1. A CONTROL OF BIRTH  1. A CONTROL OF BI
	76.1 cour	PRTHYLACE (Stote of foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH
,	10_0	11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during was to proceed a street oddiess)   12a. USUAL OCCUPATION (Kind of work done during was to proceed a lindustry)   12b. KIND OF BUSINESS OR INDUSTRY
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ĺ	-	ALHER'S NAME   Eyrst   Middle   Lost   IS. MOIHER'S MAIDEN NAME First   Middle Lost
		ANAS DECEASED EVER IN U.S. ARMED FORCES? 1865 SOCIAL SECURITY NO 17 JINFORMANT Address
	H	(es, no, or unknown) (If yes give war at dates of service)  18 129150A (LIMINAL SALLANTALY)  APPROXIMATE INTERVA.  BETWEEN OWSET AND DEATH
		PARY 1. DEATH WAS CALSED BY IMMEDIATE CAUSE (a) CINCENSON A PROPERTY CAUSE (A) PARY 1. DEATH WAS CALSED BY IMMEDIATE CAUSE (a)
		Conditions, if any, which gave rise to immediate cause (a), (b) Spread t Ustro Structure
		stating the underlying cause lost.  DUE TO, OR AS A CONSEQUENCE OF
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
	CERTIFICATION	190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY?  YES NO AUTOPSY?  YES DO DEATH?
ó		210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.)
	MEDICAL	(If either, not fy medical examiner) P.M. 19 214 INVIEW OF CIEPED 216 PLACE OF INVIEW AT HOME, FARM, STREET, FACTORY, V. 214 INVIEW OF CIEPED 216 PLACE OF INVIEW AT HOME, FARM, STREET, FACTORY, V. 214 INVIEW OF CIEPED 216 PLACE OF INVIEW AT HOME, FARM, STREET, FACTORY, V. 214 INVIEW OF CIEPED 216 PLACE OF INVIEW AT HOME, FARM, STREET, FACTORY, V. 214 INVIEW AT HOME, FARM, STREET, FACTORY,
		While Not while at work at work   19   19   19   19   19   19   19   1
		saw the deceased alive an, and that in (my) (aur) apinian death accurred an the date and havr and from the causes stated above, (I) (we) (did) (did not) view the body after death.
ì		22b. SIGNATURE  DEGREE PHYS  DEGREE PHYS  DEGREE PHYS  DIRECTOR D STAFF PHYS  22c DATE SIGNED  22c DATE SIGNED  7—16—63
7		22d. PHYSICIAN'S NAME (Type) of ALLEY 22e. ADDRESS Celludry
1	23a	B_RIAL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d TOCATION (City or Town) (County) (Specify)
¥	24	FUNERAL DIRECTOR 250 ACTIVARY SCHAFFLE CONTRARY
/ Od	1/	VALLE VILLE



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 (71) 5 7 5 CERTIFICATE OF DEATH DECEASED-NAME Middle Lost 2o. DATE OF DEATH 2b. HOUR First (Type or print) July GAST AGNES FIRANOR 5. DATE OF BIRTH IF UNDER I YEAR SE UNDER 24 HRS 3. SEX 4 RACE 6. AGE (in years d-completely filled in by the Jermove corban papers. Pages I any event, within 72 haurs after lost birthday) MONTHS DAYS HOURS Nov. 28, 1910 be executed within 24 hours af White Female YRS 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED A NEVER MARRIED west Virginia WIDOWED [ DIVORCED [ Anne Arundel Co.. U.S. 120 USUAL OCCUPATION (Kind of work done 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR give street oddress)
920 First St. during most of working life, even if retired )
Sales Clerk INDUSTRY Store Brooklyn Heights Dept. 130 USUAL RES DENCE (Where deceased lived, if institution, Residence before 13c, CITY OR TOWN 13d. INSIDE CITY JAHTS? 13e STREET AND NUMBER odmission) STATE 13b COUNTY YES NO THE 920 First St Anne Arundel Brooklyn Maryland 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Middle Ogden Marcellus Pearl Evans pleose 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT requires that the death certificate Address Yes, no, or unknown) (If yes give war or dates of service) Wilhur J. Gast 21303/1-07/16 or removal APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) cremotian. DUE TO, OR AS A CONSEQUENCE OF burial-tronsit p Conditions, if ony, which gove rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse signed b PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Page 4 may be retained by the hospital or ottending TO FUNERAL DIRECTOR: After this certificate has been is os the prior to t 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOP5Y? **CAUSES OF DEATH?** for use YES [ NO 🗔 210. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY CR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) ō detached (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F. D. No. 21d INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Not while of work 22a. I certify that (I) (this hospital) attended the deceased from 1960, 1960, to 1960, to 1960, that (I) (we) last saw the deceased alive on 4-1960, and that (h (my) (our) opinion death occurred on the date and hour and from the couses stated abave, (i) (we) (did) (did not) view the body ofter death. 22b SIGNATURA 22c. DATE SIGNED MED. DIRECTOR **ATTENDING** STAFF PHYS. director, page 3 should be filed v DEGREE 22d. PHYSICIAN S 22e, ADDRESS NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b. DATE (Stote) 23o. BURIAL, CREMATION, (County) REMOVAL (Specify) Cedar Hill Cemetery Ritchie Hgwy., A.A.Co., 7-20-1968 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR George J. Gonce-4001 Ritchie Hgwy., Bal timore DAJUL 2 2 1968 30M REV. 1768

MAKTLAND STATE DEPAKIMENT OF HEALTH



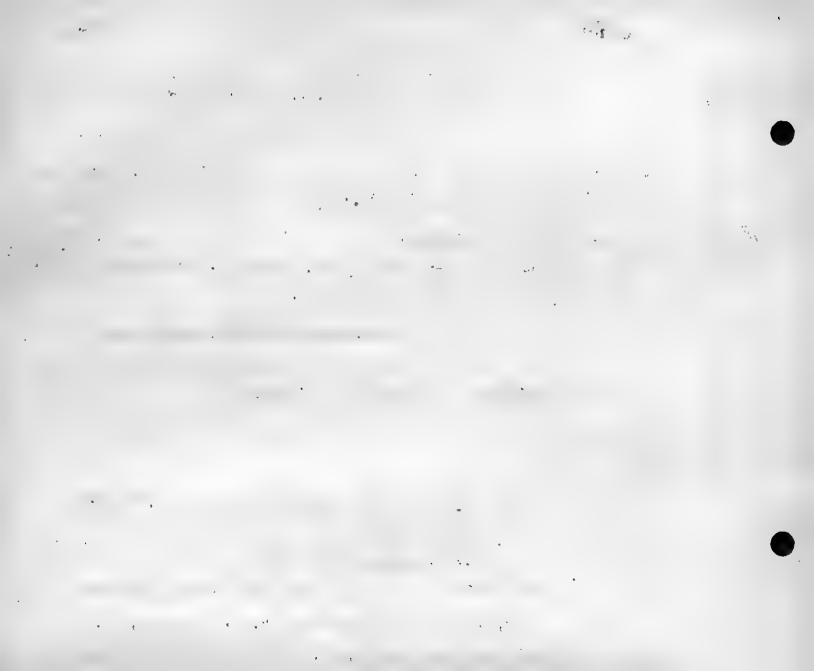
	1		ND STATE DEPARTMENT OF HEALTH	
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ng or Then emova				APPROXIMATE INTERVAL
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equires the physician. signed by burial-trai		last (c) Service	eys acceracing	Jene,
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OR ATTENDING PHYSICIAN: be retained by the haspital ar DIRECTOR: After this certificate 19 3 should be detached for u ed with the State Dept. af Hea	MEI	21d INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME, FARM STREET, I		vn County State
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d b d b d b c s s c s c s c s c s c s c s c s c s		saw the deceased alive an	19 ( ), and that in (my) (aur) apinion death accur e bady after death.	ed on the date and hour and from the
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AL Day	П	22d. PHYSICIAN'S	22e. ADDRESS	V. Color Remades
TO HOSPITAL OR ATTENDING PHYSICIAN: The law rapage 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the shauld be filed with the State Dept. af Health priar to		NAME (Type) MAX C FICAN	14 40 928 SE Mitchias	7 2184
HO FUN Tauf	230	BURIAL CREMATION, 23b DATE 23c NAME O	F CEMETERY OR CREMATORY 23d. LOCATION (CIN	or Town) (Causty) (Stote)
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VR A15 (4)	24.	FUNERAL DIRECTOR ADDRE	17 19 1	Sb. REGISTRAR'S S GHATURE
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12/		MAKYLAND STATE DEPARTMENT OF HEALTH  OF THE DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	Į.,	em#8. FilmGho3. 8/6/MEDICAL EXAMINER'S CERTIFICATE OF DEATH	381
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haurs Office Jand 2 after d	14.	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
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hin 22 night pages haurs		WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give wor or dates of service)  16 SOCIAL SECURITY NO. 17, INFORMANT ADDRESS	
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tifica rting ardec d as vol. a	S	190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION	Table Hillsone in
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海 平 4		PRIMARY XI OR CONTRIBUTING 1 HOLDAN	1 (8)
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<b>₹</b> # 4 / 9 ë	_	WHILE NOT WHILE foctory, office building, etc.)	rundel, Md.
m = 5	1		
<b>⋥</b> % ∵ " <b>o</b> '⊑		22a. I certify that I taak charge of the remains described above, held an Autopsy K., Inspection [], Inquiry [], death resulted from Natural causes Accident [X]. Suicide [], Homicide [] Undetermined monner []	and in my opinian
please e I directan retained L DIRECT			_
TTY blease eral direct be retaine RAL DIRECT priar to 1		ACTUAL CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL	CHED
		SIGNATURE	0/68
O DEPUTY necessary, part the funeral s may be r O FUNERAL Health price		EXAMINER'S Werner U. Spite, M.D. DEPLTY MEDICAL EXAMINER	0700
TO DEPUTY The funer S may be TO FUNERA Health pr	230	BURIA., (REMATION, 23b DATE 23c NAME OF CEMETERY OR (REMATORY 23d LOCATION (City or Town) (C	ounty) (Stote)
2		Burial 8/3/68 Mt. Auburn Baltimore, Ma	
Pre 1	24	FUNERAL DIRECTOR ADDRESS 250, REC'D BY REGISTRAR 25b PROSTRAR SIG	NAME
VR A15ME (5) 10M REV 3, 68		Charles A. Rice 661 W. Barre St. DAUG 1 1868 Forma	1



MAKYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 69382 CERTIFICATE OF DEATH Last DECEASED-NAME First Middle 2a. DATE OF DEATH 2b. HOUR death. death. (Type or print) Month Mary E. Griffith 68 after 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER I YEAR 6. AGE (In veors IF LINDER 24 HRS. 18/80 MONTHS DAYS January 25. lastspirthday) **∺OURS** female white certificate be executed within 24 haurs 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH dase remave carban papers. F and in any event, within 72 hou 8. MARRIED [ ] NEVER MARRIED [ country) .⊑ U. S. A. WIDOWED 😿 DIVORCED [7] Glen Burnie, Md. Anne Arundel County completely filled 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (if not in haspital 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired 1 give street oddress) INDUSTRY Glen Burnie, Md. North Arundel Hospital housewife (ret. Own Home 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13e STREET AND NUMBER .3d INSIDE CITY LIMITS? 13b. COUNTY Anne Arundel Severn admission) STATE Md. Rt. 2. Box 119 YES [ NO J 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Lost Middle Joshua Stewart Luice Ward 160. WAS DECEASED EVER IN L. S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address Same as Yes, no, or ugknown) (If yes give war or dates of service) or remayal Adelta V. Davis(Daughter) 215-50-3385-JI Mrs 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) requires that the death signed by the attent burial-transit permit burial, gematian, o DUE TO, OR AS A CONSEQUENCE OF rough Allerosclara Conditions, if any, which gove ) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) **SEUNERAL DIRECTOR:** After this certificate has been director, page 3 shauld be detached far use as the should be filed with the State Dept. at Health prior ta 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ NO [ 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Manth Day (If either, notify medical examiner) 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM STREET FACTORY,) 21f LOCATION Street or R.F.D. No. City or Town County State While Nat while at work 22a. I certify that (I) (this haspital) attended the deceased from saw the deceased alive an 19 (1) and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave, (1) (we) (did) (did not) view the bady after death 22b SIGNATURE 22c. DATE SIGNED ATTENDING STAFF 68 DEGREE DIRECTOR PHYS 22e. ADDRESS 22d. PHYSIGAN S NAME (Type) 23d LOCATION (City or Town) 23a. BURIAL, CREMATION 23b. DATE 23r. NAME OF CEMETERY OR CREMATORY (Stote) (County) REMOVAL (Specify) 0 July 7.1968 Glen Haven Memorial Pk. Glen Burnie. 250, REC'D BY REGISTRAR FUNERAL DIRECTOR **ADDRESS** 2Sb. VR A15 (4) 1968 30M REV, 1/68 Glen Burnie, Md. uneral Home



		DIVISIO				IRTMENT OF F I STREET, BALTI		AND 21201			
FOR STATE		:8875°		_		RTIFICATE		AND LIZOI	A338	3.3	
HEALTH DEPT.		ECEASED NAME FI		Mide		Lost	OI DEMIII	2a. DATE KNOWN (XX)	Manth Day	y Year	21 0011
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ny delay is 2, and 3 to PM3. Page spartment of	3 S	X 4 RACE	S DATE OF BIR	RTH	6. AGE ( n years last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN	2c DATE PRONOUNCED			2d HOUR 0:10
ny delay 1, 2, and 3 m PM3. Po Department		emale White	1-5-X	<b>X</b> 30	XXX38/RS		HOOK? MIN	Manth July	22	Year 1968	P.W
Jep 12, 2	7o caun	BIRTHP_ACE (State or foreign	76 CITIZEN OF WH	IAT COUNTRY?		RIED NEVER MARI		NTY OF DEATH			
ooth State E	1	<u>Virginia</u>	MSA	77				Anne Arunde			Md
Pag Pag Vith		ITY OR TOWN OF DEATH				(If not in hospital	IZe USUAL OC	CJPATION (Kind of world working life even if n	k done 12b	KIND OF BUSIN USTRY	NESS OR
er devive P	120	avidsonville	Rot	ute 424	- David	sonville	INSIDE CITY LIMITS?	working life even if real clerk	pr	ison ho	<u>ospita</u>
s after 18. Giv olong 2 with deoth.	120	USUAL RESIDENCE (Where dece Imission) STATE Maryla	nd 13b COUNTYA1	nne Ariii	ide Day	idson-	YES NO E	13e STREET AND NUMB			
INER: This certificate shauld be executed within 24 hours after deoth the certificate, writing the ward "pending" in peptif in Nem 18. Give Pages 1, should be forwarded to the Chief Medical Examiners Office olong with form files.  3 should be used as a busial-transit permit. File pages Tand 2 with the State De nation, or removal, and in any event within 72 hours after death.	_	ATHER S NAME First	Middle		Last	Is. MOTHER'S MAIDI		Middle 4		lost	
2 4 0 2 E			mown					ınknown	210	1,031	
hin 24 ninets pages hours	16a.	WAS DECEASED EVER IN U.S. ARMEI	FORCES?	16b. SOCIAL SEC	URITY NO. 1	7. INFORMANT		ADDRESS	5		
Examination of the part of the	(1	es, no, or unknown) (If yes gr	re war ar dates of service)	324-4	18-1810	larlos D.	Gross	Davidsonvi	116	d.	
EX I EX		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	inly one cause per l	ine for (a), (b), c	and (c) )					APPROXIMATE 1	NTERVAL
acuta ing' ing' sdice		PART I. DEATH WAS CAUS	ED BY Plate cause (a)	Gunsho	wound	of head					
exemple end it pent		765 X		AS A CONSEQUE	NCE OF						
d "pe d "p Chie rons		Canditions, if any, which gave rise to immediate cause (a),	(b)								
shauld be execute he ward "pending" to the Chief Medical burial-transit permit in any event with		stating the underlying couse	DUE 10, OR	AS A CONSEQUE	NCE OF						
to the bury bury d in		PART 2 OTHER SIGNIFICANT CON	(c)	INC TO DEATH D	IT NOT DELATED	TO THE TERM NAMED IS	TACE OR COMPUTE	AL OUT ALL DARK 17	<u>_</u>		
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is c for for rem	TIFIC			WAS PERF	ORMED?					YES E	NO 🖂
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DEPUTY  Stessory, please execute the certifue funeral director. Page 4 should may be retained for your fifes.  FUNERAL DIRECTOR: Page 3 should prior to bund!, cremation,			actary, office buildin Home			424 Rte.		sonville,An		ndel, l	Md.
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VR A15ME (5) 10M REV 1/68		pping Funeral		nnapoli	s. Md.		DATE JUL 2	9 1968 8	Charl	an young	JA.



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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death be retained by the hospital or ottending physician.  SIRECTOR: After this certificate has been signed by the attending physician and completed middlin by the funeral is 3 should be detached for use as the burial-transit permit. Then please remove codes pages. Pages I and a should be detached for use as the burial, crematian, or removal, and in any event, within 2 haurs after death ed with the State Dept. of Health prior ta burial, crematian, or removal, and in any event, within 2 haurs after death		PART I. DEATH WAS CAUSE IMMEDI.  4 4 9 Conditions, if any, which gove rise to immediate couse (a). Stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF	lped asterso	failure  s reco ini  CONDITION GIVEN IN PART 1(g)	APPROXIMATE INTERVAL DETWEEN ONSET AND DEATH  3 CV CB KJ
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ICIAN: pital or rifficote d for u	MEDICAL CE	210 ACCIDENT WAS UNDERLYIN  ☐ DR CONTRIBUTING ☐ CAUSE OF DEA'  [If either, notify medical exami	HOUR A.M. Manth Day Year	19	er nature of injury in Part 1 or Port 2, Iti	em 18.)
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433	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH
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3 3 4 15 age of the state of th	3 5	EX.   4 RACE   S DATE OF BIRTH   6 AGE (In years   1F UNDER 1 YEAR   1F UNDER 24 HPS   2c DATE PRONOUNCED DEAD   2d HOUR
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to t	10.	TTY OR TOWN OF DEATH II NAME OF HOSPITA. OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 12b K ND OF BUSINESS OR
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the the 3 r file of 3 cmo	2	21d INJURY OCCURRED  21e PLACE OF INJURY (At hame, form, street, white not white not white foctory, office building, etc.)  21f LOCATION Street or R.F.D. No (if yor Town County State
L EXAM ecute th Page 4 or your R: Page al, crem		AT WORK L AT WORK L
rcal   executar   rar   Pc ed far   crores		220   certify that took charge of the remains described above, held an Autopsy , Inspection Inquiry , and in my opinion
please e l d rectar retained		death resulted from: Natural causes 🔲, Accident 🗌, Suicide 🔲, Hamicide 🔲, Undetermined manner 🗌
dre dre etai DIR		ACTUAL CHIEF MEDICAL EXAMINER CHIEF
		SIGNATURE MD. ASSISTANT MEDICAL EXAMINER 220 DATE SIGNED
		EXAMINER'S NAME (Type)  FLIN BARE (Type)  DEPUTY MEDICAL EXAMINER D  ADDRESS(Street, city town, or county)
O DEP necessithe fur 5 may 0 FUNI Hearth	230	BIIRIA (REMATION 23b DATE 23c WAME OF (EMETERY OR CREMATORY 23ch OCATION (City or Town) (Stores)
	R	LEIDAR BLUTT 17-5-68 CEDAR BLUTT HUNANOLIS A.A. MD.
	24/	JUNERAL DIRECTURE 250 RECD BY REGISTRAR S SIGNATURE
VR A15ME 37	PH	uM. Tay by the Churoli Mdo Jul - 8 1968 factorles Judge
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						STATE DEPARTM			
	- 1		20274	DIVISION OF VITA				ORE, MARYLAND 21201	09387
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	P 2 2	3. SE		4 RACE		S DATE OF BIE	RTH	6 AGE (in years	IF UNDER 1 YEAR   IF UNDER 24 HRS
			MALE	WHIT	E	SEPT	. 10, 1	924 (ast birthday)	MONTHS DAYS HOURS MIN
	F FEE	7a	BIRTHPLACE (State or foreign	75. CITIZEN OF WHAT CO		MARRIED T NEVER MARI	1	COUNTY OF DEATH	
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	filled in paper thin 72	10. (	ITY OR TOWN OF DEATH		and discount	TUTION (If nat in haspital	12a USUAL C	CCUPATION (Kind of work dar	12b. KIND OF BUSINESS OR
	e executed withing and campletely fremave carban nany event, with		SEVERN	give street	TELEC	GRAPH ROAD	FURE	Marking life, even if retired	TUPSTERAFT, INC
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	and c	14.	ATHER'S NAME First	Middle	Last	1s. MOTHER'S MA	IDEN NAME First	Middle	Last
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	attending phy		18 CAUSE OF DEATH (Enter or	ly one couse per line for	(e), (b), and (c).)				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	ath ndin it.		PART I. DEATH WAS CAUSE IMMEDI	D BY: Bro	ncho pne	eumonia			
	other de		10.6	DUE TO, OR AS A C	ONSEQUENCE OF				
	nt the the sit purpose matig	П	Conditions, if any, which gave			carcinomat	osis		
	hat "" "y t ans em		use to immediate cause (a), stating the underlying cause(	DUE TO, OR AS A C	ONSEQUENCE OF				
	icia de la companya d		last and and any my coose	(d) Mal	ignant N	lelemona ri	ght che	st wall.	
	The law requires that the death attending physician.  Las been signed by the attendin se as the burial-transit permit.  Ith priar ta burial, crematian, ar re		PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING	TO DEATH BUT NOT	RELATED TO THE TERMINAL	DISEASE OR CON	DITION GIVEN IN PART I(a)	
	ng program s	2	Anemia, Av	iteminosis					
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	IAN: The law ratending of ar attending ficete I seen far use as the Health priar to	CERTIFICATION	11-10-1966	Malignant	Melano	ma YES	ио 🔀	CAUSES OF DEATH?	
	ed is ed is		21a. ACCIDENT WAS UNDERLYIN	NG 21b. TIME OF INJU	IRY	21c HOW INJURY OCC	URRED (Enter no	ature of injury in Part 3 or Part	2, Item 1B.)
	E E E E E E E E E E E E E E E E E E E	MEDICAL	OR CONTRIBUTING CAJSE OF DEA	TH HOUR A.M. Mo	inth Day Year 19				
	YSI dasp cand chec	MEC	21d INJURY OCCURRED 21e	PLACE OF INJURY (AT HO		PY.) 21f. LOCATION Stree	t or R.F.D. No	City or Town	County State
	PH he	L	While Not while of work	₹ UFFIC	BUILDING, ETC.	<u> </u>			
	NG NG NG NG NG NG NG NG NG NG NG NG NG N	ш	22o. I certify that (I) (th	is hospital) ottende	d the deceased	from 10-1	<u>3</u> , 19 <u>65</u>	_, to	19 68 , that (I) (we) last dote ond hour ond from the
	ND N	1	saw the deceased o	live an $7-16$	19	68 and that in (m	y) (our) opinic	on deoth occurred on the	dote and hour and from the
	aine Sor t	П		e, (I) (we) (did) (did	not) view the bo	ody offer deoffi.			22c. DATE SIGNED
	MECI With With With With With With With With	1	22b. SIGNATURE	T7 (00	her tu	DEGREE ATTENDIN	IG MED	. C STAFF C	7-18-1968
	e de		22d. PHYSICIÁN'S	1. 1. 00)		DEGREE PHYS.	DECC 2.116	Crain Highwa	
	RAI SAI Pe fe fe fe fe	Н	NAME (Type) Alber	t F. Coope	r. M. D.			Burnie, Mar	
	NEI NEI	-		DATE		EMETERY OR CREMATORY		23d. LOCATON (City or Town)	(County) (State)
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Page 4 may be retained by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this cartificate Tas been signed by the attending physician and campletely filled in director, page 3 shauld be detached far use as the burial-transit permit. Then phease remave carban paper shauld be filled with the State Dept. af Health priar to burial, crematian, ar remaval, and in any event, within 72	230		JLY 20, 196	8 FAHR	NEY CEMETER		SAN MAR, WA	ASH. CO., MO.
		24	FUNERAL DIRECTOR			NERAL HOME	2Sa. REC'D BY F	REGISTRAR 25b REGISTR	AR'S SIGNATURE
	VR A15 [4] 37 30M REV. 1768	A	Bollon			MARYLAND	DATUL 2	2 3 1968 gel	arla Indge
		123			20111241				



		MARYLAND STATE DEPARTMENT OF HEALTH
2 1	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 9388
7		CERTIFICATE OF DEATH
6 25		PECEASED NAME Middle Lost
eart eart	(	Type or print) Day Year Month Day Year Month
7 45 7 5	3 . 5	EX 4. RACE S DATE OF BIRTH 6 AGE (In years I FUNDER 1 YEAR I IF UNDER 24 HRS.
<b>€ № %</b> €	10	A. RACE  S. DATE OF BIRTH  8 / 29 / 1890  Gast building by YRS  MONTHS DAYS HOURS MIN.
d b	7n	
illed in the popers.		BIRTHPEACE (State of foreign   7b. CITIZEN OF WHAT COUNTRY?   8. MARRIED   NEVER MARRIED   9. COUNTY OF DEATH   WIDOWED   DIVORCED   4. WIDOWED   Md.
filled poper	10.	CIFY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAT OSCIPATION (Kind of work done 126 KIND OF BUSINESS OR
d with letely 1 corbon nt, wit	8	11, 11 farefores (Say 1 farfor) selected
ATTENDING PHYSICIAN: The fow requires that the deoth certificote be executed within 24 hours after death etoined by the hospital or ottending physician.  CTOR: After this certificate hos been signed by the ottending physician and completely filled in by the time should be detoched for use as the burial-transit permit. Then peace endowe corbon papers. Pages I and with the State Dept of Health prior to burial, cremation, or removal, add in my event, within 72 hours after death	13o adm	USUAL RESIDENCE (Whole decessed used, if institution, Residence before the CITY OR TOWN 13d INSIDE CITY UNITY 13e STREET AND NUMBER 301. COUNTY 13b. COUNTY 13b. COUNTY 13b. COUNTY 13b. COUNTY 13c
exe o	14	ATHER'S NAME First Middle 1 Lost IS MOTHER'S MAIDEN NAME First 1/1 Middle / Lost
e Se		Lands Holliday Illia Tollard
6	/16	WAS DECEASED EVER IN L. S. ARMED FORCES? Yes, na, ar unknawn) Strong dates of service)  Address  Address
phy en oval	$\forall$	140 14-05-06884 Wille, Strangy Cyrold, 1442.
he deoth ce y ottending p permit. The	ı	18. CAUSE OF DEATH (Enter only one couse per line for (g), (s), and (c))
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be of per	ш	DUE TO, OR AS A CONSEQUENCE OF
at the the sit is motified		Conditions, if any, which gave to smmediate cause (a), (b)
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equires physicic signed burial-ti burial,	П	lost. (c)
AN: The tow requires that the deoth certific of or ottending physician. icate hos been signed by the ottending physic to use os the burial-tronsit permit. Then Health prior to burial, cremotion, or removal.	Н	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
or t	NO.	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
The tow rotending optending hos been se os the horior to	CERTIFICATION	YES   NOOT   CAUSES OF DEATH?
e h or o	CERT	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.)
YSICIAN: ospital or certificate hed for u		OR CONTRIBUTING CAUSE OF OEATH HOUR A.M. Month Day Year
YSIC ospi cert hed	MEDICAL	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM STREET, FACTORY.) 21f IOCATION Street at R.F.D. No. (ity or Town) County Stote
OR ATTENDING PHYSICIAL be retained by the hospital DIRECTOR: After this certificage 3 should be detached folled with the State Dept of H		While Not while of work of wark
ING Doy therefore the contraction of the contractio	П	22a. I certify that (I) (this hospital) attended the deceased from 2/20, 1967, to 7/29, 1968, that (I) (we) last saw the deceased glive an 1968, and that in (my) (eyr) apinion death occurred an the date and hour and from the
R: A	L	saw the deceased alive an
Show the state of	Н	226. DATE SIGNED
OR ATTENI De retoined JIRECTOR: A je 3 should ed with the	П	1 Celleur College Crossee PHYS ATTENDING DIRECTOR DIRECTO
TO HOSPITAL OR ATTENDING PHYSICI Poge 4 may be retained by the hospital TO FUNERAL DIRECTOR: After this certification, page 3 should be detached should be filed with the State Dept of	L	122d. PHYSICIAN'S Richard I. Has live The Warren Ave Arenaeoly, W
UNE UNE	230	BURTAL CREMATION 236. DATE, / 23c MAME OF CEMETERY OR CREMATORY . 7 / 1 . 23d LOCATION (City or Town) / . (County) (State)
50 0 in	1.00	FENDING 8/1/68 Brewer 24ll Chyrapalus a. W. Md.
VR A15 (4)	24.	EUNERAL DIRECTOR 20 LEGISTRAL SIGNATURE
30M REV. 1/68	L	William Lesse, 4- Vinga, 1150.



_	1				D STATE DEPARTM				
	1		DIVISION OF	VITAL RECORDS,	301 W. PRESTON STR	EET, BALTIMORE, M	ARYLAND 21201		
The state of the s		23332	Item II	FILM GAO	ERTIFICATE OF	DEATH		0938	39
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10 2 0	3. SE		4. RACE	7.2.2	5 DATE OF BIR		6. AGE (In years	JF UNDER I YEAR	IF UNDER 24 HRS
the f		Male	Cauc.		Mar. 1	6, 1906	last birthday) 62 YRS.	MONTHS DAYS	HOURS MAIN
Po Ports	70 B		76 CITIZEN OF WH.	AT COUNTRY?	8. MARRIED EN NEVER MARI				
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campletely filled over carban pape y event, within 7	10 C	TY OR TOWN OF DEATH	11 NA		TITUTION (If not in hospital	120 USUAL OCCUPATION	N (Kind of work done	12b. KIND OF	BUSINESS OR
iff y and with the second seco	Ь	Lothian	give st	reet address)		during most of working Manager	ng life, even if retired)	INDUSTRY	Miki.
y w arbo		LSUAL RESIDENCE (Where decease	d lived, if institution	an: Residence befare	13c. CITY OR TOWN		STREET AND NUMBER		
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E 5 5	H					/	Tracys L	APPROX	MAYE NIERVA
ii o		18 CAUSE OF DEATH (Enter and PART I. DEATH WAS CAUSED IMMEDIA)	one couse per lin	e far (a), (b), and (c).	CITMA	- //		BETWEEN O	NSET AND DEATH
e death c attending permit. T an, ar rem	Н	IMMEDIA	E CAUSE (a)	juice	Co willing	) occu	isen	me	nular
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at the string the string particular properties of the string properties		Canditians, if any, which gave ) rise to immediate cause (a),	(b)	ounar	y arun	orcino.	ur	Mu	en
the the cree	H	stating the underlying cause	DUE TO, OR AS	S A CONSEQUENCE OF	1	a tank	- laser!	100	1111-
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문 등 등 등 등 수 시	CERTIFICATION				YES 🔲	NO 🔲	SES OF DEATH?		
are ate		21c. ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCC	URRED (Enter nature of in	ijury in Part I ar Part 2,	item 1B.)	
<u>ここと</u> 第二章 第二章	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH		Manth Day Year	,				
Pt che a set	¥	21d INJURY OCCURRED 21e I			TORY.) 21f. LOCATION Street	t or R.F.D. No. C	ity ar Tawn	County	State
he leta	1 1	While Nat while of wark at wark	,	OTTILE BUILDING, ETC					
OR ATTENDING PHYSICIAN: "be retained by the hospital ar JIRECTOR; After this certificate e 3 should be detached far u ed with the State Dept. of Healt		22o. I certify that (I) (this	hospital) atte	nded the decease	ed fram 7/26/6	8, 19, to_	7/26/68 19	, that	(I) (we) last
d b d b d b d b d b d b d b d b d b d b	Н	saw the deceased al	ve an 7/2	6/68	9, and that in (m)	y) ( <del>var)</del> apınian deatl	n accurred an the do	te and haur	and fram the
OR Single State		causes stated above	(we) (did)	did wer view the	bady after death.		1.0		
With State of A	ш	22b SIGNATURE	sol. H	11/11/11	ATTENDIN	G MED	STAFF [ ]	DATE SIGNED	1/2
o a pe		110	word	III MARE	DEGREE PHYS	DIRECTOR L	PHYS L	1/2-0/	60
may Al.	Ш	22d. PHYSICIAN S NAME (Type) Cha	rles H.	Wirth, M	22e. ADDI	nian, Maryl	and 20820		
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital ar attending TO FUNERAL DIRECTOR; After this certificate has been director, page 3 should be detacted for use as the should be filed with the State Dept. of Health prior to									14
Poge of Fun	23a.	BUR AL, CREMATION, 23b. D	ATE		CEMETERY OR CREMATORY		T-ON (City or Town)	(County)	(State)
5- 5 s	B		29,196	8 St. Ja	mes Chr. Ce	metery Lo	thian A.	A. H	d
VR A15 (4) 30M REV. 1/68	24 /	FUNERAL DIRECTOR	-01	ADDRESS		25a. REC'D BY REGISTRAR		-	lab.
3UM KEV, 1/68		unchina Tu	neral /	Owi	ngs, Md.	DATE UL 3 0 1	968 pelian	Cod And	



1.1	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201		
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	3390	
HEALTH DEPT.	1 [	MEDICAL EXAMINER 5 CERTIFICATE OF DEATH	P // Fat 110 in	
	. (	(Type or Print)	Day Year 25 HOJR	
lay is 13 to Page ent of	3 9		2d HOJR	
delay and 3 M3. Pag			8 Year LS PM	
E 20 10	70	BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH	THE PARTY NA	
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ath age age th f	10.	CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUA, OCCUPATION (Kind of work done	126 K ND OF BUSINESS OR	
after death 8 Give Pages 1, along with fage with the Stare	14	Annapolis give street oddess) Hoursel General during most of working I fe, even if retired)	INDUSTRY	
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O 60 0 ≤ 0		admission) STATE HO 136 COUNTY DACO . Annapolis YES = NO [ 5 Tyles Caus	w/-	
Office after d	14.	FATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle	Lost	
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		Robert M. Howes Leah R. Howes		
160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT 214-05-1498 Mrs. Gladys C. Howes 5			er Court.	
hauld be executed with word "pending" in penting the Chief Medical Example Transit permit. File in any event within 72		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)	APPROXIMATE INTERVAL	
be executed "pending" in hief Medical E ansit permit. F event within		PART I OEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Cuchae Character	DETWIN ONSET AND DEATH	
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生 등 목 등	N N		em 18)	
INER: le certifie shauld files 3 shaul	MEDICAL	CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No City or Town	Caunty State	
		WHILE AT WORK AT WORK AT WORK	2.016	
шэ э		22a. I certify that trapk charge at the remains described above, held an Autapsy , Inspection , Inquiry	, and in my apinian	
ICAL I exector. Popular for CTOR:		death resulted con Matural causes , Accident , Suicide , Hamicide , Undetermined manner	j, uno ili iny opilicii	
		CHIEF MEDICAL EXAMINER		
		SIGNATURE MD ASSISTANT MEDICAL EXAMINER 226. DATE	MGNEO/	
DEPUTY ressary, pe funeral may be re FUNERAL salth prior		EXAMINER'S E / Local T/A	8/61	
TO DEPUTY necessary, property is may be reformed to FUNERAL Health prince		NAME (Type) / ADDRESS(Street, city town, or county)	p. M.Co.	
5 5 ± ~ 5 ± .	230	BUR AL, CREMATON, 236 OATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	(County) (State)	
A		Burial July 31 1968 Hillcrest Cemetery Annapolis A	.A. Md.	
VR ATSME [5]		FUNERAL DIRECTOR  Seall Funeral Home 1212 West St Anna Md DatUL 31 1968 Cloud	5. GNATURE	
10M REV 1/68	D	seall Fuheral Home 1212 West St Anna Md out 31 1968   fcliant	to judge	



74				MARTLA	ND STATE DEPARTM	MENT OF HEALTH		
4	1		0.0000	DIVISION OF VITAL RECORD	s, 301 W. PRESTON ST	REET, BALTIMORE, MA	RYLAND 21201	3391
P			34384		<b>CERTIFICATE OF</b>	DEATH	`	OUJI
		1 0	CEASED-NAME + First	Middle	/ Last	2 2a. DATE O	E DEATH	2b. HOUR
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	8 598		L-13/C		relan		4-6	0 920
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<b>*</b>	Poor Hours			7b. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MAS	PRIED 9. COUNTY O	F DEATH /	. /
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	0) 77 (7	10	IJX OR TOWN OF DEATH	11 NAME OF HOSPITAL OR	INSTITUTION (If pat in haspite	12a USUAL OCCUPATION	V (Kind of work done	12b KIND OF BUSINESS OR
		17	Imma Del 4	give street address)	0/101 - 10	during mast of work n	ife, even if retired)	INDUSTRY
	xecuted withi completely f nove carbon ny event, with	1.4	11/1/0/2011		nne wand	Housewi		Domestic
	ple ca	adm	USUAL KESIDENCE (Where decease	ed lived, if institution: Residence before 136 COUNTY.		13d, INSIDE CITY LAMITS? 13e, S	TREET AND NUMBER	
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	ond compression on the compression on the compression of the compressi	14	FATHER S NAME First	Middle Last	IS MOTHER'S M	AIDEN NAME First	M ddle	Last
	be or lin		Julius	E. Crande	11	Veturia		Wayson
	ond and	160	WAS DECEASED EVER IN U.S. ARM	ED FORCES? 16b. SOCIAL SECURIT	Y NO. 17 INFORMANT		Address	
	physicion of periodic periodic periodic periodic periodic periodic periodic periodic periodica p		es, na, ar unknawn) (11 yes give wi	er or dates of service) 214-36-	3436 Mrs. Wil	nterson Prou	t Lothian	, Md.20820
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h		MARYLAND STATE DEPARTMENT OF HEALTH
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		18. CAUSE OF DEATH (Enter only one cause per line for <sub>A</sub> (o), (b) and (c)).  BETWEEN ONSET AND DEATH
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ow the	CERTIFICAT ON	190 DATE OF OPERATION 196. CONDIT ON FOR WHICH OPERATION WAS PERFORMED 201. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
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# 5 4 5 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	8	
Por cat		210. ACCIDENT WAS UNDERLYING   216 TIME OF INJURY   21c HOW INJURY OCCURRED (Enter nature of injury in Part 3 or Part 2, Item 18.)
三年 信息を	MEDICAL	(If either, notify med.col examiner) P.M. 19
PHYSICIA e haspitol his certific stoched fo Dept. af H	2	21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOMF FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote
his Pr		
ATTENDING PHYSICI etained by the haspit CTOR: After this certif shauld be defoched vith the State Dept. af	1	22a. I certify that (I) (this hospital) ottended the deceased from 7/9 , 1908, to 1/2/1, 1908, that (I) (we) last saw the deceased alive an 1908, and that in (my) (our) apinian death occurred an the date and haur and from the couses stated above, (I) (we) (d/d)/(did net) view the bady after death.
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death secrificate be executed within 24 hour Page 4 may be retained by the haspitol ar ottending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pshould be filled with the State Dept. af Health prior to burial, cremotion, or remavol, and in ony event, within 72 hour	23a	BURIA, CREMATION, 236. DATE 23c MAME OF CEMETLEY OF CREMATORY 23d LOCATION (City of Lown) (County) (State)
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2		MAKTLAND STATE DEPARTMENT OF HEALTH  DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
COD STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH
FOR STATE HEALTH DEPT.	1 0	
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lay is 13 to Page ent of	3 S	EX 4 RACE S DATE OF BIRTH 6 AGE IN YEAR IF UNDER 24 HRS 2C DATE PRONOUNCED BEAD 2d ROUR
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after death.  3 Give Pages along with far with the State eath	12	
o o o o o o o o o o o o o o o o o o o		USUAL RESIDENCE (Where deceased lived, if not justion Residence before 13c CHY OR TOWN 13d HISTORIUS NO W 13e STREET AND NUMBER 17c0 W. Nursery Rd
haut Item Office Sand;	[4. F	FATHER'S NAME First Middle Lost IS, MOTHER'S MAIDEN NAME First Middle Lost
Z c s <b>&gt;= s</b>		herou Smith Wille MAR JAMES
ncd in 2		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT, ADDRESS
This certificate should be executed within 24 haurs a cate, writing the ward "pending" in pencil in Item 18 be farwarded to the Chief Medical Examiner's Office a 1 be used as a burial-transit perm?. Filepages 1 and 2 worremayal, and in any event within 72 haurs after de	f.	(es, no, or unknown) (If yes give wor or dates of service) Mr. Julian Mc Nair 1700 W. Nursery Rd
		18 CAUSE OF DEATH (Enter only one cause per type (or (a), (b), and (y))  APPROXIMATE THERVAL BETWEEN ONSET AND DEATH
xecuted nding" in Medical E perm't. f		PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Cocalental arowning a few minutes
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his ate, ee fa	CERTIFICATION	YES NO
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INER: T ie certifica shavid b files. 3 should a should	MEDICAL	CAUSE OF DEATH - 5 PM 111 1968 Walnus allowers in gravel ye
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CAL EXA execute or. Page d far you TOR: Pag		22a I certify that I taak charge of the remains described above held an Autapsy 🔲, Inspection 📆, Inquiry 🔲, and in my apinion
bical Related		death resulted from: Natural courses 🔲, Accident 🗷, Suicide 🔲, Homicide 🔲, Undetermined manner 🔲
please direct direct of the control		CHIEF MEDICAL EXAMINER
<u>-</u> - <u>-</u> -		ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED
PUT Sary Sary Purer FR.		EXAMINER'S () DEPUTY MEDICAL EXAMINER ()
necessary, please extremed director.  5 may be retained  TO FUNERAL DIRECTOR  Health prior to built	L	NAME (Type) Names He Wirth, M. ) ADDRESS(Street, city, town, or county) Lothian
5 2 4 ~ 5 4 ×	230	BUR AL (REMATION, 23b DATE 23c NAME OF CEMPTERY OR CREMATORY 23d . OF ATION (City or Town) (County) (Signe)
()		BURIA! 1-13-60 11-1. MUBURN COM. 12017TIMOVE, 1101
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XI.		



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 3394 CERTIFICATE OF DEATH DECEASED NAME First Middle Lost 2o. DATE OF DEATH 2b. HOUR and 2 death. IIII after death (Type or print) funeral MAMIE LOUISE **JEFFREY** 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years SE UNDER 24 HRS White January 20,1900 lost by hdoy) Female 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED "Haltimore, Md. Anne Arundel U.S.A. WIDOWED [ DIVORCED [ 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Rt.#2 dox 63 Dorsey Rd. during most of working life, even if retired.) Dun Home Hanover 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before burial, cremation, or remaval, and in any event, 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER requires that the death certificate be executed ADD & Rt.#2 Box 63 Dorsey Rd. Maryland Hanover 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First First Middle Inst Middle Smith Edward Slingman Lilly 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Same #13 Yes, no or unknown) (It was give war or doles of service) Mr. Richard M. Jeffrey (Husband) 215-50-0209 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY: GETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if any, which gove ) rise to immediate couse (a). stoting the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(o) O FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the should be filed with the State Dept. of Health prior ta 190. DATE OF OPERATION 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES [ NO TX 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No City or Town Stote County While Not white of work 22a. I certify that (1) (this hospital) attended the deceased from 1966, and that (1) (we) last saw the deceased alive on 1965, and that in (my) (our) opinion death acturred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death. be retained by 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. DIRECTOR 22e. ADDRESS 22d. PHYSICIAN S NAME (Type) 23d LOCATION (City or Town) 230 SURIAL CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) Anne Arundel Co. Maryland 13.1968 Friendship Cemetery VR A15 [4] Singleton Funeral Home Glen Burnie, Md. 30M REV. 1/68



	MARTLAND STATE DEPARTMENT OF THE ACTION OF T	
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	9395
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
PM3. Page 15 HEAVIN DELAY 19 PM3. PM3. PM3. PM3. PM3. PM3. PM3. PM3.	1. DECEASED NAME (Type or Print)  3 SEX  4 PACE  5 DATE OF BIRTH  6 AGE (in years lost birthday)  15 LAGE (In years lost birthday)  WONTHS DAYS HOURS WIN Month 7 Doy  Who hours win Month 7 Doy	Yeor 2b HOUR 7 1968 - M 2d HOUR
- C4 O	70 BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH COUNTRY) WIDOWED DIVORCED CITY OF TOWN OF DEATH 11 (NAME OF DOSPITAN OR MISTITUTION (Front in hospital 120 JSMA. OCCUPATION (Kind of work done 126)	ALL MA
urs after d m 18 Gve ice along w id2 with the	130 USUAL RES DENTE (Where deteased lived, if institution Residence before 13c City OR TOWN 13d INSIDE CITY LIM 15? 13c STREET AND NUMBER odmission) STATI 13b COUNTY	
executed within 24 hours anding" in pencl in Item 1 Medical Examiner's Office t permit Tile pages 1 and 2 int within 72 hours after c	160. WAS DECEASED EVER IN U.S. BRIMED FORCESS (F SETVICE) 66 SOCIAL SECURITY NO 12, MTORMANIA THE DEPOSITION OF THE SECURITY NO 12, MTORMANIA THE SECURITY OF	Lost U 65 Aura M
INER: This certificate should be executed within 24 hours after death e certificate, writing the ward "pending" in pencl in Item 18 G ve Pages 1, shauld be farwarded to the Chief Medical Examiner's Office along with farm files.  3 should be used as a burial-transit permit "Ille pages Land 2 with the State Deatlan, ar remayal, and in any event within 72 hours after death.	18 CABSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gove	APPROX MATE INTERVAL BETWEEN ONSET AND OLATH
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his certifica ate, writing e farwardec be used as remaval, o	190 DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED? 210 EXTERNAL CAUSE WAS 21b TIME OF NURY Month Day, Year 21c HOWP INJURY OCCURRED (Enter noture of nurry in Port + or Port 2. Hem)	20. AUTOPSY?
INER: This recrificate, shauld be fa files. 3 should be user or ren	Z PR MARY OR CONTRIBUTING HOURAM	YES NO NO 18.)
	21d NJJRY OCCURRED  21e PLACE OF INJJRY (At home, form, street, while Not where at work At wor	County State
TY SICAL E  y, please executed a dectar Pay se retained far AL DIRECTOR: f prior to burial,	22a 1 certify that I took charge of the remains described above, held an Autopsy, Inspection Z, Inquiry Z death resulted fram Natural causes, Accident Z, Suicide, Hamicide, Undetermined manner	and in my opinion
EPU Fune fune ay to ay to an to an to	ACTUAL SIGNATURE  EXAMINER'S NAME (Type)  ASSISTANT MED CAL EXAMINER  DEPUTY MEDICAL EXAMINER  DEPUTY MEDICAL EXAMINER  TO ASSISTANT MED CAL EXAMINER  DEPUTY MEDICAL EXAMINER  TO ASSISTANT MED CAL EXAMINER  TO ASSISTA	NED - 68 2-ACO.
01 02 = 20 T + 3	232 TURIAL (REMATION, 23b DATE 23c NAME OF CEMETERY OR (REMATORY 23d UDATION (City or Town) (Control of Emergency 23d UDATION (City or Town) (C	iets (Spre)
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09396 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME 20 DATE KNOWN DO 2b HOUR (Type or Print) ΩF ESTIay is 3 ta Page Du -DEATH MATER 3 S€X 4 RACE S DATE OF BIRTH IF UNDER 24 HRS 2c DATE PRONOUNCED DEAD 2d HOUR / Year Feb. 15, 1961 70. BIRTHPLACE (State or foreign 76 C TIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH country) Anne Arundel. Com WIDOWED [7] DIVORCED [ 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPAT ON (Kind of work done INDUSTRECHOOL during most of working life, even if retired) AINNUPOLIS 13d. INSIDE CITY JANUS TERM SPEED with 9 130 USUAL RES DENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN AND NUMBER 38th Hyatta land 2 after Middle 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME Middle Victor Johnson Ruth Carter 16b SOCIA: SECURITY NO ARMED FORCES? 17 INFORMANT ADDRESS (Yes, no, or unknown) Mrs. Ruth Carter, 5032 38th St. None None 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) be executed RETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: reden Crown ING IMMEDIATE CAUSE (a). event DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gove rise to immediate cause (a), writing the ward DUF TO, OR AS A CONSEQUENCE OF stoting the underlying couse ≘ PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(c) 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? YES [ NO Do 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 1B) PRIMARY X OR CONTRIBUTING CAUSE OF DEATH 21f LOCATION Street of R.E.D. No. 21e PLACE OF INJURY (At home, form, street, City or Town County State clemory, office building, etc. AT WORK AT WORK FACO MD 22a I certify that I tack charge of the remains described above, held an Autapsy [ Inspection 7 Inquiry X and in my apin an death resulted fram Natural causes Accident 🔀 Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER **ACTUAL** ASSISTANT MEDICAL EXAMINER the funeral SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 may ro FUNE Hearth ADDRESS(Street city, fown, or county) NAME (Type) 23g BJRIAL CREMATION 23b DATI 23c NAME OF CEMETERY OR CREMATORY 23d LUCATION (City or Town) Washington National 24. FUNERAL DIRECTOR COFI Riverdale, Md. VR A15ME (5) 10M REV 1/68



	1	MARYLAND STATE DEPARTMENT OF HEALTH
$(\Lambda \pi)$		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
		CERTIFICATE OF DEATH
oth oth		(CEASED-NAME ) First Middle D Last 2a. DATE OF DEATH 2b. HOUR ype ar pnnt) 2b. HOUR
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ਬ ਵਿੱਚ	10.5	THY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (14 not in haspital least usual ORCUPATION (Kind of work sone gives treet patiess)  12 USUAL ORCUPATION (Kind of work sone line)  12 USUAL ORCUPATION (Kind of work sone line)  12 INDUSTRY
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e exec	14 1	ATHER'S NAME First Middle Last 15 Majver's Majden Name First Middle Lost
law requires that the death certificate be executed nding physician. Been signed by the ottending physician and complete the buriol-transit permit. Then please remove carrier to buriol, cremation, or removal, and in any event		WAS DECEASED EVER IN U.S. ARMED FORCES?  16b. SOCIAL SECURITY NO. 17 HOTORMANT  17 HOTORMANT  Address  Address  Address
phy:		ZI-2:52-2728 MMME X DEVICER WWW. IJECTOR INTO A 10000 HATE WITCH
that the death certifi an. by the ottending phy transit permit. Then I cremotion, or removal		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)  LOCAL COLOR OF COLOR OF CAUSE (a)  LOCAL COLOR OF CAUSE (b)  LOCAL COLOR OF CAUSE (c)  LOCAL COLOR OF CA
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physicic signed l buriol-ti buriol, c		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(9)
ng p ng p en si he b	2	743X
A Prasta	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	CERT	YES NO COURT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)
PHYSICIAN: hospital or ris certificate ratched for u Dept. of Heal	MEDICAL	Tor contributing Cause of Death HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 19
DING PHYSICI. by the hospire After this certific Stole Dept. of	W	21d. INJURY OCCURRED While Not while at work AT HOME, FARM, STREET, FACTORY)  21f. LOCATION , Street or R.F.D. No. City or Town County State  32 9 60
IDING d by th After t d be di		22a.   certify that (1) (this haspital) attended the deceased from 1968, ta 7-17, 1968, that (1) (we) lost
ATTEND stained CTOR: A should rith the		saw the deceased alive an
OR AI be retro DIRECT In 3 sh		226. SIGNATURE  LEGEN DEGREE ATTENDING MED.  DIRECTOR DIR
AI D		22d PHYSICIAN'S NAME (Type) Fave W. ALLEW 22e. ADDRESS 62 Cathedral ST
O HOSPIT. Page 4 md O FUNERA director, p	230	BURIAL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23dd (LOGATION (Curr or Town) (County) (State)
F F 08	X	THINKAI DIRECTOR ADDRESS Y250. REC'D BY REGISTRAR 2 250. RECOUDERS S CHATURES
VR A15 (4) 30M REV 1/68		William Reese # 1 Margillo DATE JUL 19 1868 Person



1			MARYLAND STATE DEPARTMENT OF HEALTH
D	1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
1	•		CERTIFICATE OF DEATH
` ;	death. neral and 2 death.		ECEASED NAME (First Liam Middle Goldson 20. DATE OF DEATH Day 19458 455
	naurs after death.  by the funeral  Pages 1 and 2  noons after death.	3. S	Male Colored 5-14-1914 (as birthday) YRS. MONTHS DAYS HOURS MIN
	illed in by	tan	BYRTHELACE LYGIC O Toreign 76 CUTIZEN OF WHAT COUNTRY? 8. MARRIED BY NEVER MARRIED 9 COUNTRY OF DEATH WIDOWED DIVORCED MA
	ad within 24 carbar paper of the carbar paper	1	The street ordiness or six and the street ordiness ordiness or six and the street ordiness ordin
-	executed with campletely mave carbag any event, with	adm	USUAL RESIDENCE (Where received lived, if institution has dence before 13 CTY OR TOWN 13d inside CPY MTS? 13e STREET AND NUMBER 13b. COUNTY The street of the control of the country MTS? YES NO 1812 DODULOUS AND
	gee and co	14	Seal-Golman Lost Selection of Colombon Lost Selection of Colombon Lost Lost
	physicae en oleose avol, oner	160	WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no, or unknown) (If yes give wor or dates of service) 16b. SOCIAL SECURITY NO 17 INFORMANT Address Change of Service) 172.18.775. 100 Vella Columbia Change of Change of Service)
•	OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death be retained by the haspital or aftending physician.  SIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral e.3 should be detached for use as the burial-transit permit. They please remove carbay papers. Pages 1 and 2 ed with the State Dept. at Health priar to burial, cremation, ar removal, and may event, with a 22 hours after death		18. CAUSE OF DEATH (Enter only one cause per line to (o), (b), and (c)) PART I. DEATH WAS CAUSED BY- IMMEDIATE CAUSE (a)  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	the att the att sit per mation,		Canditions, if any, which gave rise to immediate cause (a).  DUE TO, OR AS A CONSEQUENCE OF and address (b).
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	v required ing photosing p	<b> </b>	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
	IAN: The low retail at attending ficate has been start for use as the fixed the prior to the fixed the fix	CERTIFICATION	19d. Date of operation 19b. Condition for which operation was performed 20o. Autopsy?  YES \[ \] NO \[ \] 20b if yes, were findings considered in certifying causes of death?
	ICIAN: sital ar Tificate d for u af Heal	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING   21b. TIME OF INJURY   21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18)    OR CONTRIBUTING   CAUSE OF DEATH   HOUR A.M. Month Doy Year   19    OR CONTRIBUTING   CAUSE OF DEATH   HOUR A.M. Month Doy Year   19
	PHYSI he hast this cer detache b Dept.	WE	21d INJURY OCCURRED AT HOME FARM STREET, FACTORY.) 21f. LOCATION Street or R.F.D. Na City or Town County State of work of work of work
	TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital ar TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached for us shauld be filed with the State Dept. af Healt	l	220. I certify that (I) (this haspital) attended the decased fram 7 1 1, 19 to 19 1, 19 1, that (I) (we) las saw the decased glive on 19 19 1, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body ofter death.
	OR ATT be retail NRECTO e 3 sha ed with		22b. SIGNATURE ATTENDING MED. STAFF DIRECTOR DIR
	SPITAL 4 may 4ERAL I or, pag id be fill		22d. PHYSICIAN'S A T ALLEN 22e. ADDRESS CATHEIDRY 57
	Page direct shaul	V	BURIAL, CREMATION 23b DATE SAC NAME OF CEMETERY OR CREMATORY 230 COUNTY (County) (Story) (Stor
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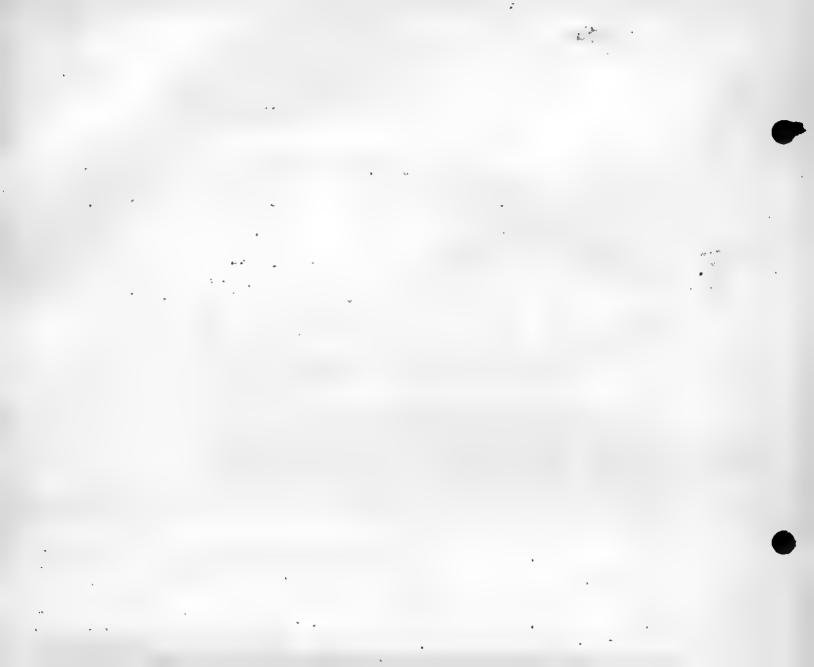


14	1	MARYLAND STATE DEPARTMENT OF HEALTH
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  MEDICAL EYAMINED'S CEDITIFICATE OF DEATH
FOR STATE	_	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.		ECEASED NAME First Middle (Lost 20 DATE KNOWN) Month Day Year 2b HOUR OF ESTI
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\$ 75		BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
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ath age th f	10 1	ITY OR TOWN OF DEATH . II NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a LSUAL OCCUPATION (Kind of work done 12b Kind OF BUSINESS OR
haurs after death any liem 18. Give Pages 1, 2 office along with farm Phonon 1 and 2 with the State Department	19	The Burnie give street oddress Aroundel. during most of work ng life, even if retired.) INDUSTRY
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haurs Uffice Office I and 2	14.	ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
24 h in Italia r's O		CHARCES N. JUNES CORA ELIZABETH ECKERT
# W ¬		WAS DECEASED EVER IN U.S. ARMED FORCES?   16b SOCIAL SECURITY NO.   17. INFORMANI
pencil Xanine Xanine Ile pag	(,	(es, no, or upthnown) (It yes give wor or dotes at service) 217-32-769 MRS DURIS A JONES ANNAPULIS, MD
File and 72		18 CAUSE OF DEATH (Enter only one couse per line for (a) (b) and (c))
executed indiriging Medical in permit.		PART I. DEATH WAS CAUSED BY. IMMIDIATE CAUSE to) (Plateriorilerasis Consultry)
Med Med		4407 DUE TO, OR AS A CONSEQUENCE OF
be executed "pending" in nief Medical E ansit permit. F event within		Conditions, if any, which gave
F F F F		rise to immediate cause (a), (DUE TO, OR AS A CONSEQUENCE OF
INER: This certificate should be executed to certificate, writing the ward "pending" in should be forwarded to the Chief Medical Exfiles.  3 should be used as a burial-transit permit. Fit hation, or removal, and in any event within the certification.		lost (c)
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certif orwar used moval	TION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION 20. AUTOPSY?
its certificate, writing forward of used a removal.	CERTIFICATION	WAS PERFORMED?
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INER: I e certific shauld b files. 3 should	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19
MINE (the control of the control of	SE SE	21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town County Stote
		WHILE NOT WHILE   foctory, affice building, etc.)
L EXA ecute Page ar yar R: Pag al, cre		22a. I certify that I taak charge of the remains described above, held on Autopsy , Inspection , Inquiry , ond in my opinion
ical E) e execution. Pag ed far y coronical.		deoth resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner
please et director. PIRECTO DIRECTOR TO DI		
TY DIC.  y, please e ral director director e retained  (AL DIRECT priar to bu		ACTUAL CHIEF MEDICAL EXAMINER 22b, DATE SIGNED
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Marine Co.		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH								)	
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	(1	Type or print) Will-	iam Ed	ward	JONES		July	22.Doy	1988	6:25 M	
fur fur fer d	3. SI		4 RACE		S. DATE OF BIR	RTH	6. AGE (In	years	IF JMDER 1 YEAR	IF UNDER 24 HRS	
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are by can can and in	160.	WAS DECEASED EVER IN U.S. ARME	D FORCES? J 166 SC	OCIAL SECURITY NO	17 INFORMANT	~ 7		Address	0000	2,0	
pertificat	L	es, no, priunknown) (If yes give wo	r or dates of service}	09 898	7 Ohivia	DJOU	ES #	13			
The day		18. CAUSE OF DEATH (Enter only		a), (b), ond (c).)	. t ,				APPROXIM BETWEEN ON	NATE INTERVAL NSET AND DEATH	
ne death ce attending permit Th	ı	PART I. DEATH WAS CAUSED IMMEDIAT	E CAUSE (a)	NANI	7100				24	155	
he deat attend permit.	L	Canditians, if any, which gave	DUE TO, OR AS A CO		V = 40 41 = 4		21111		/	C	
out the		rise ta immediate cause (o), (	(b) (b) DUE TO. OR AS A CO	7	YOMA OF	- 130	PHAGI	25	6/11	103	
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alth	ERI	21g ACCIDENT WAS UNDERLYING	216 TIME OF INJUR	v	YES	HO DED (Estas astura			101		
IAN ficat far Far Free		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Man	ih Day Yeor	121C. HOW HODE OCC	DKKEO (EINEI NOIME	or infinity at Pott 1	or roll 2, II	en 10'ì		
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OR ATTENDIN be retained by DIRECTOR: Affee je 3 should be ed with the Sta	1	saw the deceased all	ve on	at view the bac	ly after death.	() Laur) apinian a	leath accurred c	in the dat	e and havr (	and from the	
AT AT Show with with		22b SIGNATURE	0 1/1	1	ATTENDING	G MED.	STAFF	22c D	ATE SIGNED	1 _ 1	
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TO HOSPITAL OR ATTENT Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should shauld be filed with the		22d. PHYSICIAN S NAME (Type) Edward	S. Beck. I	4.D.		uss <mark>ranklin</mark> S	St., Anna	polis,	Md.		
O HOSP Page 4 I O FUNE director, shavid	23a	BURIAL, (REMATION, 23b. D.	ATE	234 NAME OF CHIM	FTERY OR CREMATORY	m.f. / / /	LOCATION (City or I	own)	(Kgluyzy)	(State)	
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	fer ter	3. SI	X	4 RACE	•	5	DATE OF BIRTH	H	6 AGE (In year last birthday			F UNDER 24 HRS. HOURS MIN.
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	icore pricio		WAS DECEASED EVER IN U.S. ARA es, no, or unknown)   (If yes give w	LED FORCES? ar or dates of ser	16b. SOCIAL SECURITY		ORMANT			ress		
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	physician.  physician. signed by the ottending-physurial-transit permit. Then burial, cremotian, or rentavel		18. CAUSE OF DEATH (Enter on	y one couse	per ling far (a), (b), and (c)	)		~ 1 /	mf	1	APPROXIMA BETWEEN ONS	TE INTERVAL ET AND DEATH
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	physician physician signed by the burial-transit burial, cremo		stating the underlying couse	DUE TO	, OR AS A CONSEQUENCE OF							
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	s be as 1 as	CERTIFICATION	19a DATE OF OPERATION 19b.	CONDITION F	OR WHICH OPERATION WAS PI	RFORMED	20a. AUTOPSY	13	20b. IF YES, WERE FINE CAUSES OF DEATH?	INGS CONSI	DERED IN CER	TIFYING
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	AN: I or cote		21g ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEAT		IME OF INJURY A.M. Manth Day Year		/ INJURY OCCUR	RED (Enter notu	re of injury in Part 1 or I	Port 2, Item	18.)	
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The Page 4 may be retained by the hospiral or of TO FUNERAL DIRECTOR: After this certificate he director, page 3 should be detoched for use should be filed with the State Dept. of Hill of Hill of the state of the sta	230	BURIAL, CREMATION, 23b.	DATE	23c NAME OF	CEMETERY OR C	REMATORY	23d	. LOCATION (City or Town	1) (0	ounty)	(State)
	55.5 £ ()	Е	REMOVAL(Specify) Juria I	1. 12.	1968 Knese	th Isra	el Ceme	eterv	annanolis	A	Δ	Md
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WAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 J9402 CERTIFICATE OF DEATH 2a. DATE OF DEATH DECEASED NAME Eirst 2b. HOUR death. deoth (Type or print) eorge 6. AGE (In years after 3 SEX 4 RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS YRS requires that the death certificate be executed within 24 hours 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o 81RTHPLACE (State or foreign 8. MARRIED TO NEVER MARRIED country) WIDOWED N DIVORCED [7] papel burial, cremation, or removal, and in any event, within 120. USUAL OCCUPATION (Kind of 10 CIRY OR TOWN OF DEATH, MAME OF HOSPITAL OR INSTITUTION (If not in hospital wark done 126 KIND OF BUSINESS OR INDUST please remove corbon 13a USUAL RESIDENCE (Where deceased lived, if institution-13d INSFOE CITY LIMITS? odmission) STATE Middle 14 FATHER'S NAME Middle MOTHER S MAIDEN NAME, First physician nen please 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address os upknown) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) BETWEEN ONSET AND CEAT PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE Conditions, if any, which gave ) burial-transit rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couser PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) prior to ! hos been os the 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO I YES 🖂 director, page 3 should be detached for use should be filed with the State Dept. of Health certificote 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 5 TOR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. detoched 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town County Stote While Nat while at work O FUNERAL DIRECTOR: After 22a 1 certify that (1) (this hospital) attended the deceased from-19 68, app that in (my) (our) opinion death accurred on the date and hour and from the saw the deceased alive of causes stated above, W (we) (slight (did not) view the bady after death 22c. DATE SIGNED 22b. SIGNATURE ATTENDING MED DIRECTOR STAFF PHYS. PHYS 22e. ADDRESS 22d. PHYSICIAN S NAME (Type) 23a. BURIAL, CREMATION 23b DATE GACEMETERY OR CREMATORY (State) DIRECTOR 30M REV. 17 68 1968



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physician.  physician.  signed by the attending physician and campletely filled in by the funeral burial-transit permit. Then please remove carbon papes. Pages I and 2 burial, crematian, ar removal, and in any event, with	odm	USUAL RESIDENCE (Where deceos	ed lived, it institution: Resident	te before	TOWN A 13d INSIDE CITY LIM		20 36					
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whysiciage oval, and			ar or dates of service)		WARREN K	ELLERHOUSE S	e. #13					
he death certifu e attending phy permit. Then itian, ar removal		18 CAUSE OF DEATH (Enter on	v one couse per line for (a) (b				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
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de de la company		710.9 IMMEDIA	DUE TO, OR AS A CONSEQ									
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OR ATENDING PHYSICIAN: The law requires that the death be retained by the hospital ar aftending physician.  IIRECTOR: After this certificate has been signed by the attendine 3 shauld be defacthed far use as the burial-transit permit. Set with the State Dept. af Health priar to burial, crematian, ar report of the control		PART 2 OTHER SIGNIFICANT COM	DITIONS CONTRIBUTING TO DEA	TH BUT NOT RELATED TO	THE TERMINAL DISEASE ORCO	NDITION GIVEN IN PART 1(a)						
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AL OR ATTENDING PHYSICIAN: The law ray be retained by the hospital ar attending L DIRECTOR: After this certificate has been age 3 shauld be detached far use as the filled with the State Dept. af Health priar to	CERTIFICATION	190. DATE OF OPERATION 196.	CONDITION FOR WHICH OPERATION	ON WAS PERFORMED	20a. AUTOPSY?	20b. 1F YES, WERE FINDINGS ( CAUSES OF DEATH?	ONSIDERED IN CERTIFYING					
at a safe X	E				YES NO							
AN: I ar cate ar t		210 ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEAT		21c. HO	W INJURY OCCURRED (Enter	nature of injury in Part 1 or Part 2,	Item 18.)					
Paritification of the second o	MEDICAL	(If either, natify medical examin	ier) P.M.	19								
hos seept.	2	21d. INJURY OCCURRED 21e.	PLACE OF INJURY ( AT HOME FARM OFFICE BUILDIN	A, STREET, FACTORY ) 216. LOC IG, ETC.	CATION Street or R.F.D. Na	City ar Tawn	County State					
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by by Sta Sta	L	220. I certify that (I) (the	s hospitol) attended the	deceased fram	that in (my) (aux) anin	, to, 19 ion death occurred on the do	, that (i) (we) lost					
A ATTEND retained retroks. A S shauld with the	П	couses stated above	, (I) (we) (did) (did not) v	iew the body after d	leath.	ion death occurred on the de	and moon one mon the					
Sho Should with with the second secon		22b. SIGNATURE			······································		DATE SIGNED					
		00	M	DEGRE	EE PHYS ME	D. STAFF 11	JULY 68					
may be RAL DIR	L	22d. PHYSICIAN'S NAME (Type) R. S	. STONE, LCDR	MC LISA.	22e. ADDRESS	ANNAPOLIS, MD.						
A n NER	L											
Page 4 may be retained by the hospital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar to	230	BURIAL, CREMATION 23b	/ 1 107 / / 3	NAME OF CEMETERY OR C	CREMATORS LAT.	23dy LOCATION (City or Town)	APP) H					
5-5-1	24	FUNERAL DIRECTOR	C C	ADDRESS	2So. REC'D BY	REGISTRAR 2Sb. REGISTRAR'S	SIGNATURE					
JOM REY THE	1/2	the M. Jos You	JONS (hm	vosots, Mi	de DAUUL 1	1 6 1968 Reliev	las Judge					
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09404 CERTIFICATE OF DEATH I DECEASED-NAME First Middle Lost 2n. DATE OF DEATH 2b. HOUR (Type or print) JOHN A. KINDIG 1820 W 3 SEX 4. RACE S DATE OF BIRTH 6. AGE (in years IF UNDER I YEAR IE JNDER 24 HRS. filled in by the fu papers Pages 1 requires that the death certificate be executed within 24 haurs after lass-birthdoy) HOURS MALE CAU (White) MARCH 16. 1912 9 COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED TO NEVER MARRIED Artidde Addres Anne Arundel Md. U.S. DIVORCED [ Adams Co., Pa. WIDOWED | 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR Laure VFt. Geo. G. Mead to The Histough AH during most of working life, even if retired) INDLSTRY physician and campletely USA 130 USUAL RESIDENCE (Where deceased lived, if institution. Residence before. 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE MTD (3b COUNTrince Georges Laurel 1055 Marton St NO [ the attending physician and cam sit permit. Then please remove crematian, or remayal, and in any IS. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME First Albert Fisher ceases 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT [If yes give war or dates at service] Yes, ne ponknown) 180-03-2352 Acile P. Tunnell 1055 Marton St Laurel Md 30 VEC AFMY UNGA 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c)) BETWEEN ORSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial infarction 15-20 min DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gove ) burial-transit (h) Arteriosclerotic cardiovascular disease vears rise to immediate couse (a) O FUNERAL DIRECTOR: After this certificate has been signed by DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the prior tal 4001 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190, DATE OF OPERATION 20o. AUTOPSY? CAUSES OF DEATH? YES [ NO [ far use detached far use e Dept. of Health be retained by the haspital ar 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No State Dept. 21d. IN JIRY OCCURRED City or Town Stote County While Not while ot work 22a. I certify that (I) (this hospital) attended the deceased from 14 July, 1968, to 14 July, 1988, that (I) (we) last saw the deceased alive on Don 19, and that in (my) four) opinion death occurred an the date and hour and from the couses stated ghave, (1) (we) (did) (did not) view the body ofter death. 22b. SIGNATURE 22c. DATE SIGNED DEGREE DIRECTOR director, page Should be filed 22d PHYSICIAN 22e. ADDRESS NAME (Type) W. BARNARD CPT US Kimbrough Army Hospital FGGM, MD 23d LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) 230 AURIAL, CREMATION 23b DATE 17,1968 July Mt. Carmel Cemetery Littlestown, Adams Co., CO 256 STRARS 24. FUNERAL DIRECTOR VR A15 (4) 30M REV 1/68



MARYLAND STATE DEPARTMENT OF HEALTH

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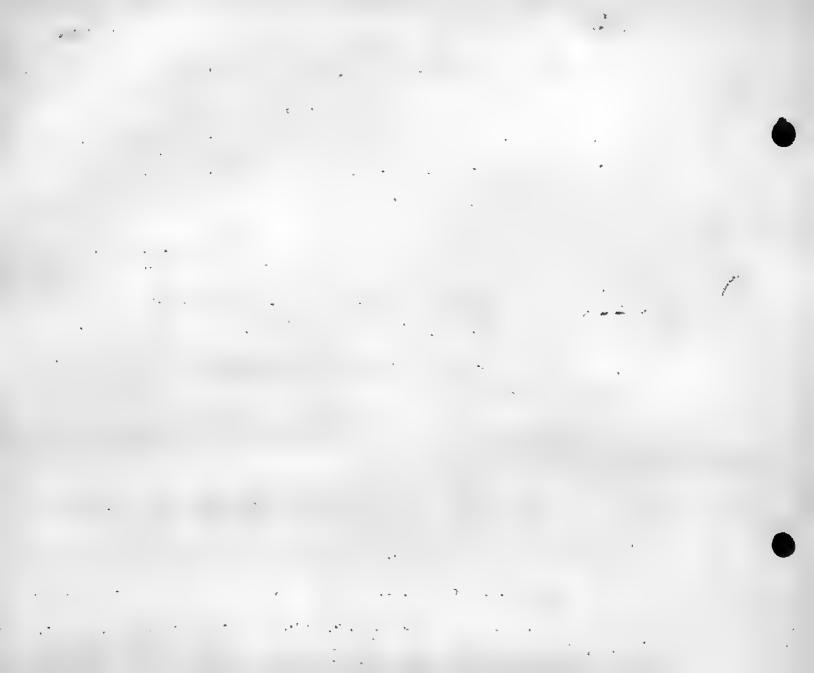
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MARYLAND STATE DEPARTMENT OF HEALTH 39399 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 39407 CERTIFICATE OF DEATH I. DECEASED-NAME First M.ddle Last 2a. DATE OF DEATH 2b. HOUR psiche and completely filled in by the funeral please. Rages 1 and 2 and 10 and The low requires that the death certificate be executed within 24 haurs after death. (Type or print) Month Year Mintie Kyler 3. SEX S. DATE OF BIRTH 6. AGE (In years IF JINDER 1 YEAR last hirthday) HOURS SHTHOM Female Negro 1888 YRS 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) USA Md. WIDOWED X DIVORCED Anne Arundel 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street address) during most of warking life, even if retired ) INDUSTRY Crownsville Crownsville State Hospital 13a USUAL RESIDENCE (Where deceased lived, if institution. Residence before \$13c CITY OR TOWN 13d. INSIDE CITY LUMITS? 13e, STREET AND NUMBER odmission) STATE Maryland 13b. COUNTY NO [ 2530 N. Ellamont Street 4. FATHER'S NAME Middle Last 15. MOTHER'S MAIDEN NAME First Middle Last unknown unknown signed by the attending physical buriol-tronsit permit. Then plea burial, cremation, ar removal, an 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) unknown records - Crownsville State Hospital APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Bronchopneumonia BETWEEN ONSET AND DEATH DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave t (b) Arteriosclerotic cardio-vascular disease rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by stating the underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 3 should be detached for use as the with the State Dept. of Health prior to Chronic Brain Syndrome due to Senility 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20g. AUTOPSY? CAUSES OF DEATH? YES 🗀 NO 🔚 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town County State While Nat while at work 22a. I certify that (I) (this haspital) attended, the deceased fram. 3/19, 19.48, to 7/24, 19.68, more than deceased alive an 7/24 1968, and that in (my) (aur) apinion death accurred an the date and haur and fram the causes stated above, (1) (we) (did), (dtd nat) view the bady after death. 228 SIGNATURE ATTENDING STAFF DEGREE director, page should be filed PHYS. DIRECTOR 22e. ADDRESS PHYSIC AN NAME (Tyde) Crownsville State Hospital, Maryland Hildagarde Heard Reissman 230. BOR AL, CREMATION. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) DATE (County) (State) Huntingtown REMOVAL (Specify) Youngs Ch.Cem Cal 24. FUNERAL DIRECTOR 250 REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE 1968 DATUL 30 30M REV 1/68

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		39400		DIVISION	OF VITAL RECO		PRESTON STR		RE, MARYLAN	D 21201	09408	2
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14 h	(anu	"" New Je	rsey	USA		WIDOW	DIVOR		nne Arun	del Co	ounty.	Md.
within 24 H	10. C	TY OR TOWN OF D	EATH		11 NAME OF HOSPITAL give street address) In 10 Arund	OR INSTITUTION	If not in hospital	12a USUAL OC	CUPATION (Kind o	wark dane	126, KIND OF	BUSINESS OR
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and completely filled in remove corban popers.	13a admi	USUAL RESIDENCE ( ssion) STATE AT	Where deceas	13h COUN	stitution. Residence b ITY unne Arund		or town	YES NO.	13e. STREET AN	NUMBER  OX 513		
d co		ATHER'S NAME	First	Midd		.ast	IS. MOTHER'S MA	IDEN NAME First	1400 84 40	Middle		Last
be ex and rem in an		J	ohn		Laun			Mary	r			
irote be rsicion d please	16a.	WAS DECEASED EVE	R IN U.S. ARA	AED FORCES?	16b. SOCIAL SEC	JRITY NO. 1	7. INFORMANT		909 Edmon	10/s/de1	Ave.	
Ag Paris	l Ye	no, ar unknawn)	(If yes give w	var or dates of service	" 578-09	-9553	Albert L	aun - Bal	timore,	lid.		
E E		IB. CAUSE OF DE	ATH (Enter an	ly one couse p	peg-line far (a), (b), a	nd (c).)					APPROX I	MATE INTERVA, INSET AND DEATH
\$ 6.2	П	PART I. DEAT	h was causei	D BY: Ate cause (0)	Deplis	- Whit	ray to	rct in	Lection	V	1	day
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phy phy sign buri		PART 2 THER SIG	GNIFICANT CO	IDITIONS CONT	RIBUTING TO DEATH	BUT NOT RELATE	TO THE FERMINAL	. DISEASE OR CONDIT	TION GIVEN IN PAR	T 1(o)	0	
ding een the ir to	8	ma	rked		erria							
PHYSICIAN: The low requires that the death cartificate be executed within 24 haurs be hospital or attending physicion. It is certificate has been signed by the attending physicion and completely filled in by stacked for use as the burial-transit pentit. Then please remove carban papers. Po Dept. of Health prior to burial, cremation, observable, and in any event, within 72 hours	CERTIFICATION	19a. DATE OF OPERA	ATION 19b.	CONDITION FO	R WHICH OPERATION V	VAS PERFORMED	20a AUTO	PSY?	CAUSES OF DEA		CONSIDERED IN C	ERTIFYING
IAN: 1 ol or iicote for us Healt		21a. ACCIDENT WA			ME OF INJURY	210	HOW INJURY OCC	URRED (Enter natu	re of injury in Pai	t 1 or Port 2	Item 18.)	
CGA difficult of H	DICAL	or contributing ( If either, natify in	edical examin	HOUR /	A.M. Manth Day P.M	Year 19						
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by th by th After th be de State	Н	22a certify	thot (I) (th	<del>is hospital)</del>	attended the de	ceosed from.	Jopl		to pul	1	thot	(I) (wa) lost
		aw the	deceosed o	live on	(did not) viev	the body of	and that in (m	y) <del>(our)</del> opi <b>n</b> ion	death occurre	don the d	ote ond hour	ond from the
the property of the property o		22b SIGNATURE	oled obove	itil facili	anay (ala liot) view	fille body on	ei deoili.			250	DATÉ SIGNED	/ .
OR J be re DIREC Je 3 je 3 ed w		VOX	A-1	lost	nun	mpo	EGREE PHYS	G MED DIRECTI	OR STAFF	D.	7/2/6/	68
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30M REV. 1/68				L HOMe	- Annano	lie we	pus	DATE UL 3	U 1968	Kula	read for	ye.

MAKTLAND STATE DEPARTMENT OF HEALTH



		MARYLAND STATE DEPARTMENT OF HEALTH	
500 65455		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	7. (2.4)
FOR STATE	_		409
HEALTH DEPT.		Type or Print   Lost   20 DATE KNOWN   Month   De   ESTI-	
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# 등 를 .	MEDICAL CER	216. EXTERNAL CAUSE WAS  PRIMARY OR CONTRIBUTING HOUR A.M.  P.M 19  216. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item P.M 19	n 18.)
JICAL EXAMINER: sleose execute the cert director. Page 4 shault etoined for your files. DIRECTOR: Page 3 shoult or to bunal, crematian,	ME	21d INJURY OCCURRED  21e PLACE OF INJURY (At home, form, street, white at work	County State
ecco ecco For y		22a   certify that I taak charge of the remains described above, held an Autopsy . Inspection X, Inquiry X,	and in my apinian
		death resulted from: Natural causes 💢 , Accident 🔲 , Suicide 🗍 , Hamicide 🗍 Undetermined manner [	
pleose e I director retoined L DIRECT		CHIEF MEDICAL EXAMINER	
		SIGNATURE ASSISTANT MEDICAL EXAMINER 22b DATE SI	IGNED
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o DEPUTY necessory, pl the funeral of S may be re o FUNERAL Health prior		NAME (Type) LIW MAROST . ADDRESS(Street, city, town, or county)	
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VR A15ME (5) 10M REV 1/68	//	TARDESTY FUNERAL HOME ANNAPOLIS, Med DATIFUL 2 2 1968 golon	As Judge



	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	CERTIFICATE OF DEATH
	CENTIFICATE OF DEATH
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in 24 hours isled in by the papers. Pa	70 BIRTHPLACE (State or foreign country) 1/ 1/ 1/ 1/ 2
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requires that the death certificate be executed within 24 haurs g physician.  I signed by the attending physician and campletely filled in by the burial-transit permit. Then please remove carban papers. Pa a burial, cremation, ar retending and in any event, within 72 haurs	18. CAUSE OF DEATH (Enter only one cause per line for G), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  APPROXMATE INTERVAL ARTHURS OF DEATH (Enter only one cause per line for G), (b), and (c)  APPROXMATE INTERVAL ARTHURS OF DEATH (Enter only one cause per line for G), (b), and (c)  APPROXMATE INTERVAL ARTHURS OF DEATH (Enter only one cause per line for G), (b), and (c)  APPROXMATE INTERVAL ARTHURS OF DEATH (Enter only one cause per line for G), (b), and (c)  APPROXMATE INTERVAL ARTHURS OF DEATH (Enter only one cause per line for G), (b), and (c)  APPROXMATE INTERVAL ARTHURS OF DEATH (Enter only one cause per line for G), (b), and (c)  APPROXMATE INTERVAL ARTHURS OF DEATH (Enter only one cause per line for G), (b), and (c)  APPROXMATE INTERVAL ARTHURS OF DEATH (Enter only one cause per line for G), (b), and (c)  APPROXMATE INTERVAL ARTHURS OF DEATH (Enter only one cause per line for G), (b), and (c)  APPROXMATE INTERVAL ARTHURS OF DEATH (Enter only one cause per line for G), (b), and (c)  APPROXMATE INTERVAL ARTHURS OF DEATH (Enter only one cause per line for G), (b), and (c)  APPROXMATE INTERVAL ARTHURS OF DEATH (Enter only one cause per line for G), (b), and (c)  APPROXMATE INTERVAL ARTHURS OF DEATH (Enter only one cause per line for G), (b), and (c)  APPROXMATE INTERVAL ARTHURS OF DEATH (Enter only one cause per line for G), (c)  APPROXMATE INTERVAL ARTHURS OF DEATH (Enter only one cause per line for G), (d)  APPROXMATE INTERVAL ARTHURS OF DEATH (Enter only one cause per line for G), (d)  APPROXMATE INTERVAL ARTHURS OF DEATH (Enter only one cause per line for G), (d)  APPROXMATE INTERVAL ARTHURS OF DEATH (Enter only one cause per line for G), (d)  APPROXMATE INTERVAL ARTHURS OF DEATH (Enter only one cause per line for G), (d)  APPROXMATE INTERVAL ARTHURS OF DEATH (Enter only one cause per line for G), (d)  APPROXMATE INTERVAL ARTHURS OF DEATH (Enter only one cause per line for G), (d)  APPROXMATE INTERVAL ARTHURS OF DEATH (Enter only one cause per line for G), (d)  APPROXMATE INTERVAL ARTHUR
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4: The low re or offending the has been use os the	CERTIFICATION			YES 📉 NO	CAUSES OF DEATH?	
IAN: The of or of icote he for use Heolth		210 ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEAT	G 216 TIME OF INJURY HOUR A.M. Month Day Year	21c. HOW INJURY OCCURRED (Ente	r nature of injury in Port 1 or Port 2, Its	am 1B.)
Partie Property of the	MEDICAL	(If either, notify medical exami	ner) P.M.			
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OR ATTENDING DE retoined by ill DIRECTOR: After JEST Should be ded with the State		saw the deceased a causes stated abave	(I) (we) (did) (did not) view the	od from 7 (my) (aur) api bady after death	inian death accurred on the date	e and havr and tram the
ATI GE STEEL		22b. SIGNATURE	100		22c. D/	ATE SIGNED
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P. Signature	230	BUR AL, CREMATION, 23b. S REMOVAL (Specify).		CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (Store)
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 39404 CERTIFICATE OF DEATH 1. DECEASED-NAME 2a. DATE OF OEATH 2b. HOUR We carbon papers. Pages 1 and 2 event, within 72 hours after death requires that the death certificate be executed within 24 hours after death completely filled in by the funeral tope carbon papers. Pages 1 and (Type or print) FRAN 4. RACE 3. SEX LE LINDER 1 YEAR IF UNDER 24 HRS 6. AGE (In years lost birthday) MONTHS DAYS --- YRS 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIEO NEVER MARRIED country) WIDOWED DIVORCED | 12g LSJAL OCCUPATION (Kind of work done 10 KITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (if not in hospitol 12b KIND, OF BUSINESS OR most of working life. ottending physicion and complet permit. Then please remove car 130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE 13b COUNTY director, page 3 should be detached for use os the bural-tronsit permit. Then please remo should be filed with the State Dept. of Heolth prior to burial, cremation, or removal, and to any 14. FATHER'S NAME Middle MOTHER S MAIDEN NAME First First lost 16b SOCIAL SECURITY NO. 160, WAS DECEASED EVER IN U.S. ARMED FORCES? Address (If yes give war or dates of service) Yes, na, ar unknown) APPROXIMATE INTERVA 18 CAUSE OF DEATH (Enter only one cause per ling for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) OUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave ) signed by the burial-transit p nse to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Poge 4 may be retained by the hospital or ottending physicion. stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate hos been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES 🗔 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town County Stote While Not while of wark \_, 19 6 f , that (I) (we) last \_, and ther in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS 7-14-68 DEGREE 22d. PHYSICIAN'S 22<sub>B</sub>, ADDRESS NAME (Type) 23o. BURIAL, CREMATION, 23b. DATE NAME OF CEMETERY OR CREMATORY



1100	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 6341	<b>්</b>
HEALTH DEPT.	I DECEASED NAME First Middle Last 2a DATE KNOWN Month Day	Year 25 HOUR
v o e 2	(Type or Print) MACGARET Evans Lqueh DEATH MATED 7 23	165 PM
Poge	3 SEX 4. RACE S DATE OF BIRTH 6 AGE IN years IF LINDER 14 FEB. 24 DATE PRONOUNCED DEAD	2d HOUR
33.3	12/30/17 less birthday) MONTHS DAYS HOURS MIN Month 7 Day 2 3 Year	
I, 2, a	70 BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	14. 1. 108
form form	North Carolina U.S.A. WIDOWED DIVORCED DIVORCED DIVORCED DIVORCED	AL.
the forter	10 CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in haspitol 120 USUAL OCCUPATION (Kind of work dane 126 KIN	ID OF BUSINESS OR
deoth	give street address) during most of working if e. even firetired ) INDUSTR	
	13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER	
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should e word o the Cl ouriol-tru	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
	last. (c)	
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
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	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?  210 EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Day, Year 21c, HOW, INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Hem 18.1)	). AUTOPSY?
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necessary, please e the funeral director 5 may be retained for EUNERAL DIRECT Health prior to bu		900
5 <u> </u>	230 BURIAL CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County, REMOVAL (Specify)	) (State)
	Burial 7/26/68 Calvary Episcopal Church dem, Fletcher, N,	
	24 FUNERAL DIRECTOR ADDRESS 250 REGISTRAR 25	RE
VR A15ME (5) 10M REV 1768	Wm. Cook-Brooks Towson 1050 York Rd. 21204	100

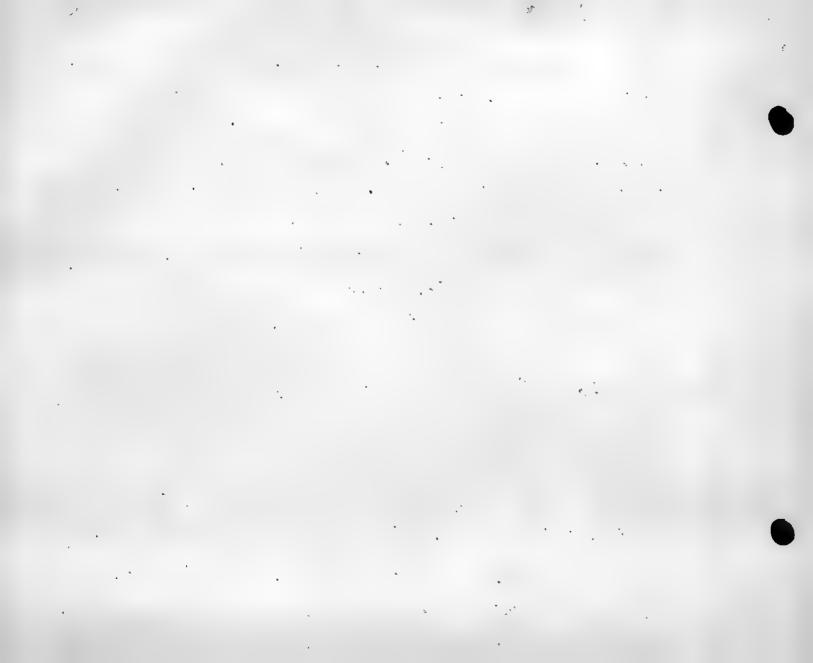
MARYLAND STATE DEPARTMENT OF HEALTH



	39486		CERTIFICATE OF DI	EATH	,	39414	
	DECEASED-NAME First (Type or print)	Middle	Lost Macey	2a. DATI	E OF DEATH  July Month  Deg	1 1988	2b. HOUR 10:55 <b>A</b>
3. 5	Male	4 RACE White	5. DATE OF BIRTH July 9		6. AGE (In years last birthday)	IF UNCER YEAR MOINTHS CIAYS	HOURS 4 MRS.
7a. cau	BIRTHPLACE (Store or foreign untry) Maryland	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8 MARRIED NEVER MARRIES WIDOWED DIVORCED	VIK.	of DEATH		Md
	CITY OR TOWN OF DEATH  len Burnie	11. NAME OF HOSPITAL OR IN	STITUTION (If not in haspital	120 USUAL OCCUPAT	TION (Kind of work dane king life, even if retired)	12b KIND OF E	
13a ada	USUAL RESIDENCE (Where decease passion) STATE Lary Land	ed lived, if institution: Residence before			street and number 276 Pertsch	Rd.	
	FATHER'S NAME First	Middle Last	IS. MOTHER'S MAIDE	N NAME First	Middle		last
	James	Albert Macey		Carol	Irene	Dai	1
160	n. WAS DECEASED EVER IN U.S. ARM Yes, na, ar unknawn) (If yes gove we No	NOTE NOT DESCRIPTION OF DESCRIPTION	NO. 17. INFORMANT  Mother		Address		
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	22b SIGNATURE  22d. PHYSICIAN'S NAME (Type)	ml Tinker	DEGREE ATTENDING PHYS 2	MED DIRECTOR	STAFF 22c.	DATE SIGNED	
	BURIAL CEPATION 236 D REMOVAL (Specify) 236 D FUNERAL DIRECTOR		CEMETERY OR CREMATORY  The Arundel 1-	tospital 6/4	CATION (City or Town)  Such E  AR 256 REGISTRAR'S		(State) Yn A



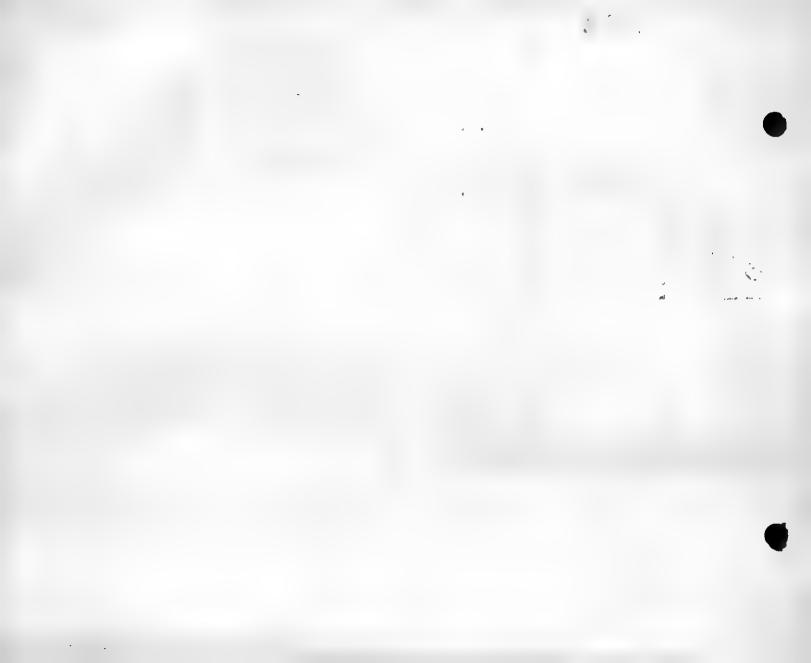
MARYLAND STATE DEPARTMENT OF HEALTH DAVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 3 4 1 5 CERTIFICATE OF DEATH and 2 DECEASED NAME Lost 20. DATE OF DEATH 2b. HOUR deoth. after death (Type or print) unerál Month 3. SEX 4. RACE DATE OF BIRTH 6. AGE (in years IF JNDER 1 YEAR IF UNDER 24 HRS. lost birthday) ZHTROM DAYS HOURS YRS heurs 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT/COUNTRY? 9. COUNTY OF DEATH 8. MARRIED [ ] NEVER MARRIED [ country) WIDOWED X DIVORCED [ burial, crematian, ar removal, and in any event, within 72 remuires that the death certificate be executed within 24 please remaye carbon pap fille 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY and completely YOWNSV KDOWD 130 USUAL RESIDENCE (Where deceased lived, if institution Residence before CITY OR TOWN-13e. STREET AND NUMBER 13a INSIDE CITY JALES? odmission) STATE 4 FATHER'S NAME Middle 1S. MOTHER S MAIDEN NAME First Middle First Lost physician 160. WAS DECEASED EVER IN L.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT Address Yes, go, or unknown) (If yes give war or dates of service) SCA Known APPROX MATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c), PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (o) permit. pmeunnonie DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove ) signed by the burial-transit p CEAS rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital or attending physician. stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been directar, page 3 should be detached far use as the should be filed with the State Dept. af Health priar to 196: CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IE/YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ NO [ FUNERAL DIRECTOR: After this certificate irector, page 3 should be detached for us 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME FARM, STREET, FACTORY ) 21f LOCATION Street or R.F.D. No. City or Town Stote County While Not while of work 22a. I certify that (I) (this haspital) attended the deceased from 2/ 1965, and that in (my) (aur) apinian death accurred an the date and haur and fram the saw the deceased alive an causes stated abaye. (1) (we) (did) (did nat) view) the bady after death 221-THIGHATUR 22c DATE SIGNED ATTENDING MED. DIRECTOR DEGREE PHYS 22d. PHYSICIAN S 220 ADDRESS NAME (Type) Mon 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d LOCATION (City or Town) 230 BURIAL, CREMATION (County) (Stote) Burial 0 Calvary Cemetry County 24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE VR A15 (4) Nov 30M REV, 1/68



	1	MARILAND STATE DEFARIMENT OF HEALTH
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
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R ATTENI s retoined RECTOR: A 3 should t with the		226 SIGNATURE ATTENDING TO MED. STAFF 22c DATE SIGNED
ITAL 0 moy be RAL DI ; page be filed		22d PHYSICANS NAME (Type) Robert R. HAHA 22e. ADDRESS NAME (Type) Robert R. HAHA 22e. ADDRESS Sevelus, Porth
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OR ATTE		22b SIGNATUR	(1) (we) (did) (did not) view the	ATTENDING 473	MED STAFF DIRECTOR PHYS D	DATE SIGNED
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Page 4 may be retained by to FUNERAL DIRECTOR: After director, page 3 should be calculated with the State	23a.	BURIAL, CREMATION, 23b. DA REMOVAL (Specify)	TE 23c NAME OF	CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hasp tar ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely rifled in by the uneral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon pages 1 may should be filed with the State Dept. of Health priar ta burial, cremation, ar remaval, and in any event, within 72 bours after death	ME	21d. INJURY OCCURRED 21d While Not while of work	. PLACE OF INJURY	AT HOME, FARM, STREET, FAG OFFICE BUILDING, ETC.	CTORY.) 21f L	OCATION Street	ar R.F.D. No.	City	or Town	Ylnub)	State
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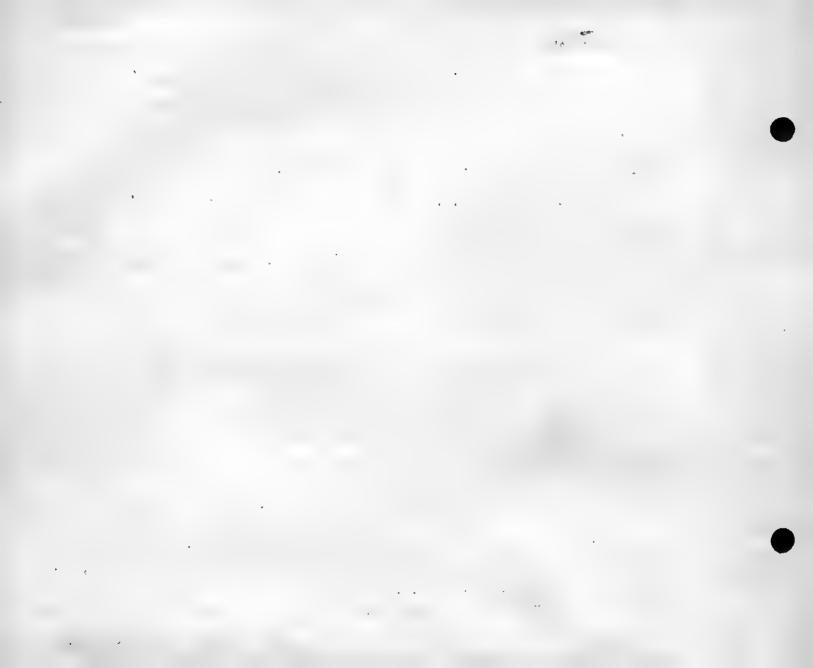
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	ECEASED-NAME First Type or print) SA	Middle E.	Lost MORAN	2a. DATE OF DEATH 7-19-68	2b. HOUR
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	PART I. DEATH WAS CAUSE IMMEDIA  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE CO.  (b)  DUE TO, OR AS A CONSEQUENCE CO.  (c)	mary eml	CONDITION GIVEN IN PART I(a)	APPROXIMATE INTROVA. BETWEEN OWSET AND OFATH
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTHMORE, MARYLAND 21201  CERTIFICATE OF DEATH  THE CONTROL PARK  First  Maddle  First  Maddle  First  Maddle  First  Maddle  First  Maddle  First  Maddle  Minor SC					ND STATE DEPARTMENT OF		
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ADDRESS 256. REC'D BY REGISTRAR 256. REG STRAR'S SIGNATURE	P Page of specific points	()	SREMOVE POPOLY 7-	10 10 144	DAR BLUYY	HUNAPOLIS	A.H. MD.
30M REV WORM M. Jay to v your ( lune polis, Ma. DATE JUL 1 1968 generals grayes		24	FUNERAL DIRECTOR	ADDR	4 14/11		'S SIGNATURE
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<b>1</b> 1	]  :	ems 18&22a Film 402 MARYLAND STATE DEPARTMENT OF HEALTH 15-65 ams division of vital records, 301 W. Preston street, Baltimore, Maryland 21201	421
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	x V I
HEALTH DEPT.		ECEASED-NAME Lost 2a DATE KNOWN Manth D Type or Print)  2 DATE KNOWN Manth D OF ESTI-	Day Year 2b HOUR
ta t	. `	JOHN A. MULLEN III DEATH MATED 7	4 19685:15%
od 3 1. Page	3. 5	lost birthdoy) MONTHS DAYS HOURS MIN. Manth	Year 2d HOUR
ny delay is 2, and 3 ta PM3. Page		Male   Colored 3 -1-67   / YRS   15   July 4	4 1968 5:15Mg
- ( ME)		BIRTHPLACE (Store or foreign 76 CIT ZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH  WIDOWED DIVORCED Anne Arunde1	
E & B			2b KIND OF BUSINESS OR
ere death		give street oddress) during most af warking life, even if retired.)	NDUSTRY
This certificate shauld be executed within 24 haurs after death icate, writing the word "pending" in pencil in Item 18 2709 Rage be farwarded to the Chief Medical Examiner's Office and with 16 be used as a burial-transit permit. File pages 1 and 2 with the strengwal, and in any event within 72 hours after death.		USUAL RES DENCE (Where deceased lived if institution Residence before 13c. CITY OR TOWN 13d. INSIDE CTY LIMITS? 13e. STREET AND NUMBER	
haurs after Item 18 Office dan 1 and 2 with	1	druss on) STATE 13b COUNTY A A YES NO Tracy's Landin	18
them I Office Office after d	14. F	ATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle	Last
24 h n H s oo's o s oo's			Bishop
1 within 24 haurs on pencil in Item 18 Examiner's Office of File pages 1 and 2 with 72 hours offer de		WAS DECEASED EVER IN U.S. ARMED FORCES?  (es, no, or unknown)   (If yes give war or dates of service)   16b SOCIAL SECURITY NO   17 INFORMANT   ADDRESS	Tandin-
Exam Exam File p			Landing  APPROX.MATE INTERVAL
red in the hand		18 CAUSE OF DEATH (Enter on y one couse per line for (a), (b) and (c)) PART I DEATH WAS CAUSED BY:  Myocarditis	BETWEEN ONSET AND DEATH
executed nding: Medical permit nt within	1	/ IMMEDIATE CAUSE (0)	
e e)		DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave	
Chi chi		rise to immediate cause (a), (b)  stoting the underlying cause ( DUE TO, OR AS A CONSEQUENCE OF	
shauld be executed wit ie word "pending" in pe a the Chief Medical Exar burial-transit permit File I in any event within 72		last. (c)	
te s the d ta a bu		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR COND TON GIVEN IN PART 1(a)	
is certificate to, writing the farwarded to e used as a bremaval, and	2	4000	
certil arwar used mava	1 S	190. DATE OF OPERATION 195. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
his othe, se for the form	CERTIFICATION		YES NO
= 2 2	AL CE	21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item PRIMARY OR CONTRIBUTING HOUR A.M.	n +8.)
INER: Re cert shaul files. 3 shou	MEDICAL	CAUSE OF DEATH P M 19  21d M-JURY OCCURRED 21e PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street o: R F D No. City ar Tawn	County State
dCAL EXAMINER: This e execute the certificate, tar. Page 4 shauld be faed far yaur files. CTOR: Page 3 should be u burial, cremation, ar ren		WHILE NOT WHILE factory, office building, etc.)	
ICAL EXAM execute th for. Page 4 ed for your CTOR: Page burial, crem		22a. I certify that I took charge of the remains described above, held an Autopsy 💢 Inspection [], Inquiry [],	, and in my apinian
CAL exe ed for CTOI		death resulted fram: Natural causes Accident , Suicide , Hamicide Undetermined manner	
please e d'rector retained DIRECT ar ta bu		CHIEF MEDICAL EXAMINER	
y, pland of programmer		SIGNATURE SIGNATURE ASSISTANT MEDICAL EXAMINER 22b. DATE SI	GNED
DEPUTY reessary, p e funeral may be r FUNERAL		EVARIABLE 3	5, 1968
TO DEPUTY CICA DICA DECESSARY, please extine funeral director. 5 may be retained to FUNERAL DIRECTOR Health prar ta bur	200	NAME (Type)  ROWARD F. Wilson M. D. ADDRESS(Street, city, tawn, or caunty)  BURIAL (REMATION, 224 DATE 230 NAME OF CEMETERY OR CREMATORY 230 .O(AIION (City or Town) (City or Town)	Cauchi) (State)
5 g # ~ 5 # V	230	PEMOVAL (Specify)	Caunty) (State) Cal Md
nf.	24	FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR 250 REGISTRAR 5 S	
VR A15ME		Penkney E. Towell france Fred. Md. DUL 10 1988 Pelianles	Judge



(Carachanian )		t i	MARILAND STATE DEPARTMENT OF HEALTH
			CONTROL DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
12 -			CERTIFICATE OF DEATH 7/30/68 cac
- 01-		1 D	ECEASED NAME FIRST 13D & LONGOUS telephone Cost 1 - Fun. D120 DATE OF DEATH   26 HOUR
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Pod w		F	7. Geo G. Mende give street address) Sea USITY Agencia during most of April 19 (InDUSTRY April 1987)
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₹ <u>€</u> €, /1?		160	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 11 INFORMANT Address Ves. 40. or unknown)   Ill yes give wat or dotes of service)   17 INFORMANT   18 INFOR
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669 ° £ 62	`		4 10 1 DUE TO, OR AS A CONSEQUENCE OF
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The Bar Substitute of the Party		ı	rise to immediate cause (o).  stating the underlying cause  DUE TO, OR AS A CONSEQUENCE OF
L 12 3 2 2 2		ı	lost.
DING PHYSICIAN: The low requires that the death certific by the hospital or attending physician.  When this certificate has been signed by the attending physician be detached for use as the burial-transit permit. Then p Stote Dept. of Health prior to burial, cremation, or removal.		ı	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)
2 5 5 B B			PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1(6)
In the Town I have been to be as the brior to		8	
My Constant		CERTIFICATION	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 205 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
Se hos	- X	ΙĚ	None . YES NO CAUSES OF DEATH?
IAN: ficote for us		] <del>~</del>	23a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 23c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
The foot of the fact of the fa		3	DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year
PHYSICIA The hospirol This certific etached fo		MEDICAL	(If either, notify medical examiner) P.M. 19 2 Id. INJURY OCCURRED 12 In PLACE OF INJURY (AT HOME FARM STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. (ity or Town County State
<b>★</b> 5 5 5 5	-	1	21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM STREET, FACTORY.) 21f LOCATION Street or R.F.D. Na. City or Tawm Caunty Stote While Nat while 1
e de trans			While Not while at work None None
by the store		1	122a. I certify that (1) (this hospital) attended the deceased from 10 div. 19 00, ta 19 , that (1) (we) last
A A A S S S S S S S S S S S S S S S S S		ı	saw the deceased alive an 18 July 19 68, and that in (my)( apinian death accurred on the date and haur and from the
ATTENDIN etained by CTOR: Afte should be vith the Sto			causes stated above, (1) (was) (did) (dataset) friew the body after death.
A H B H H		ı	226. SIGNATURE 220 DATE SIGNED 220 DATE SIGNED
ON PE			1 DEGREE PHYS. DIRECTOR DIRECT
1 2 5 8 6 8 6 8 6 8 6 8 6 8 6 8 6 8 6 8 6 8			
RAI ( ) P	1		22d. PHYSICIANS NAME (Type) MARREN G. PROLSOPHO NSA Med Cto TAGEO GINEADE MA
HOSPITAL OR ATTEN age 4 may be retained FUNERAL DIRECTOR: irector, page 3 should		-	Child at Partition   Log Part   Log Part   Log Partition of Continuous   Log Continuous   Log Partition   Log
		R 7.50	EBUR AL REMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY CIVIN (23d .OCATION (City or Igwin) (County) (Stote)
프 항 <b>르</b> 교육		1	KEMUYAL (SDECITY)
TO HOSPITAL OR ATTENDING PHYSICIA Poge 4 may be retained by the hospital TO FUNERAL DIRECTOR: After this certific director, page 3 should be detached for should be filed with the State Dept, of H			1 1 2 2 1 (0)/1
₩ ₩ VR A15	(4) %	24	SUNERAL DIRECTOR ( ) CICI CERDRESSCIE C PICE 250 REC'D BY REGISTRAP 251 DELL'ARREST DAY ORE
	(4) %	24 27	122/68





. /	MARYLAND STATE DEPARTMENT OF HEALTH						
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  CERTIFICATE OF DEATH						
15-02 72		ECEASED-NAME First	Middle	Lost	2a. DATE OF DEATH	2b. HOUR A	
funeral funeral and 2	(1	ype or pnnt) Evely?	n Harris	PARKER	July 19	1968 5:30 M	
	3 SE	X	4. RACE	5 DATE OF BIRTH	6 AGE (In years	IF LINDER I YEAR OF JINDER 24 HRS MONTHS DAYS HOURS MIN	
haurs after of haurs		Female	White	August 23,	1914 last birthday) YRS	אואן באטטח בואט בחוויטון	
age of the same	70. I	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIEDXX NEVER MARRIED	9, COUNTY OF DEATH		
d in Pers		Termessee Vice	U.S.	WIDOWED DIVORCED	Anne Arundel	Md	
fille pag hin	10. (	ITY OR TOWN OF DEATH	II. NAME OF HOSPITAL OR INS		BAL OCCUPATION (Kind of work done mast ) working life oven if retired.)	12b KIND OF BUSINESS OR INDUSTRY	
with with ban with	F	nnapelis	give street address) Anne Arunde		CLERK	INDUSTRIAL LUS.	
executed within 24 haur d campletely filled in by have carban papers. P	13a. admi	ssian) STATE	d lived, if institution: Residence before 13b. COUNTY Anne Arundel	13c CITY OR TOWN 13d INSIDE CITY		D 1	
execu execu	74	Maryland ATHER'S NAME First	Anne Arundel  Middle Lost	IS. MOTHER'S MAIDEN NAME	- 11995 Fairlar		
9 9		Winer 2 Maine Litzi	UVV LOSI	13. MOTHER 3 MAIDEN NAME	Middle Middle	Last	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after Page 4 may be retained by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban pagers. Page A shauld be filed with the State Dept. at Health prior ta burial, crematian, ar remayal, and in any event, within 72 haurs after	I &a. Y	WAS DECEASED EVER IN U.S. ARMI	ED FORCES? To or dates of service]	NO. 17. INFORMANT	H. PACKER #	13	
cert g pl		18 CAUSE OF DEATH (Enter any	y one cause per line for (a), (b), and (c)	<i>f</i>	<u></u>	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH	
ath ndin it.		PART I. DEATH WAS CAUSED	DV	osis, generalized	(primary colon)	several vez	
o de armerm, o		1538	DUE TO, OR AS A CONSEQUENCE OF	ADTA POHOT STREET	CD4 AMOUT Y COLONY	Joovet at vest	
the or it particular articular artic		Canditians, if any, which gave )	(b)				
hat n. sy t ans		rise to immediate cause (a),( stating the underlying cause(	DUE TO, OR AS A CONSEQUENCE OF	*			
es t sicia ed t al-tr		last. 14 SX	(c)				
The law requires that the attending physician. has been signed by the se as the burial-transit propriet to burial, cremating the prior to burial, cremating	<u> </u>	PART 2 OTHER SIGNIFICANT CONI	DITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE OF	RCONDITION GIVEN IN PART I(a)		
on a least take	2	None					
lav endi is be rior	CERTIFICATION	19a. DATE OF OPERATION 19b. C	ONDITION FOR WHICH OPERATION WAS PE	RFORMED 20a. AUTOPSY?	2Db. IF YES, WERE FINDINGS	CONSIDERED IN CERTIFYING	
The after has see a thing	ZIE			YES NO E	CAUSES OF DEATH?		
IAN: The al ar att ficate has far use Health p		21 g. ACCIDENT WAS UNDERLYING CAUSE OF DEATH	21b. TIME OF INJURY	21c. HOW INJURY OCCURRED (En	ter nature of injury in Part 1 or Part 2,	Item 18.)	
Pita Pita A	MEDICAL	(If either, natify medical examina	er) P.M. 19				
DING PHYSICI by the haspit fler this certif be detached State Dept. af	2	21d. INJURY OCCURRED 21e. I	PLACE OF INJURY (AT HOME, FARM, STREET, FAR OFFICE BUILDING, ETC.	TORY.) 21f LOCATION Street or R.F.D. N	Na. City ar Tawn	Caunty State	
the detrie		at wark 🗀 📗					
by State		22a. I certify that (I) (this	s haspital) attended the decease	ed from May 29 , 19	2 , to July 19, 19	68. , that (I) (we) last	
SPITAL OR ATTENDING PHYSICIAN: 4 may be retained by the haspital ar IERAL DIRECTOR: After this certificate or, page 3 shauld be detached far u id be filed with the State Dept. af Heal		causes stated abave,	(I) (we) (did) (did not) view the	ed fram <u>May 29                                    </u>	billiali death accorred an the ai	are and hour and from the	
AT AT Short with vith vith vith vith vith vith vith v		22b. SIGNATURE	011		22c.	DATE SIGNED	
OR be r		Oliver	18 udin	DEGREE PHYS.	MED STAFF DIRECTOR PHYS. D JU	ily 19, 1968	
rAL CAL CAL CAL CAL CAL CAL CAL CAL CAL C		22d. PHYSICIAN'S NAME (Type)		22e. ADDRESS			
SPI 4 m		Charte		16 Murra	y Ave, Annapelis	Md. 21401	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health prior ta	230	BURIAL, CREMATION, 23b. D		CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(Clunty) (State)	
54 5 D		REMOVAL (Specify 7-	22-68 HILL	CREST	HUNAPOLIS	H.H. 19D.	
YR A15 (4) 30M REV. 1/68	24	FUNERAL DIRECTOR	ADDRESS ADDRESS		2 2 1968 REGISTRAR'S	SIGNATURE	
30W REV. 1/88	4	mu 11. 7/09/6	y 1X000 (mag a	-0,1.60(4 DALL	4 4 1300		



	MARYLAND STATE DEPARTMENT OF HEALTH					
- V	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 63425					
M	CERTIFICATE OF DEATH					
	1. D	ECEASED-NAME First Middle Lost 2a. DATE OF DEATH 2b. HOUR				
death death	0	(ype or print) BERNARD CHARLES HARKINSON July Manth 13 Day 768 Year 435 PM				
hours after c n by the fun. s. Pages 1 v	.3. SI					
hours in by srs. Pr		SIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH				
24 in per 72	L	WIDOWED DIVORCED N N CO Md.				
d within 24 d within 24 d within 72 d within 72		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital ANN DECLES  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during mast of working life, even if retired)  12. USUAL OCCUPATION (Kind of work dane during mast of working life, even if retired)  12. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during mast of working life, even if retired)				
ecuted within 24 h sampletely filled in gove carbon papers y event, within 72 h	13a. adm	USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c (ITY OR TOWN 13d. MSIDE (ITY UM.157) 13d. STREET AND NUMBER 13b COUNTY A A COUNTY A COUNT				
ony only	14	ATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle Last				
a d ( gas a d )	BERNARD Wesley PARKINSON JR SHERRY DENISE HARDESTY  160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT Address					
physician per re re ray and re		(es, no, or unknown) (If yes give war ardates of service) - B. W. Farkinson 4. ANNAPOLIS Md				
at the death c the attending risit permit. Ti matian, or rem		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gove rise to immediate cause (a), stoting the underlying couse  The part (b) Due to, or as a consequence of the underlying couse)  DUE TO, OR AS A CONSEQUENCE OF				
equires t physicia signed b burial-tr burial, c	ı	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(o)				
v req ing p ing p ien si he b	l ×	923.7				
The fav attendi has be se as t h priar	CERTIFICATION	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? YES NO 200. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
ar a		21a. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.)				
ICIA Dital Dital Dital Dital	MEDICAL	OR CONTRIBUTING OF DEATH  OR CONTRIBUTING OF DEATH  OR CONTRIBUTING OF DEATH  HOUR A.M. Month Doy Yeor  P.M. 19  ASPIRATED ASPIRIN				
O HOSPITAL OR ATTENDING PHYSICIAN: The faw requires the Page 4 may be retained by the haspital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-transhould be filed with the State Dept. of Health priar to burial, creating the contraction of the priar to burial, creating the contraction of the contr	WE WE	21d. INJURY OCCURRED While Not while of work  21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.)  21f. LOCATION Street or R.F.D. No. City or Town  County  Stote				
DING   by tl Affer   be d	1	22a. I certify that (I) (this haspital) attended the deceased fram				
TEN ined OR: J auld		causes stated above, (I) (we) (did) (did not) view the bady after death.				
DR AI BRECT 3 sh d with	22b. SIGNATURE 22c. DATE SI  22b. SIGNATURE DIRECTOR DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR PHYS.					
HOSPITAL OR ATTEND age 4 may be retained FUNERAL DIRECTOR: A ricetar, page 3 shauld be filed with the S		22d. PHYSICIAN'S NAME (Type) 22e ADDRESS				
HOSI oge 4 FUNE	230	-BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LQCATION (City or Town) (Caunty) (State)				
	24	FUNERAL DIRECTOR 250. REGISTRAR 250. REGISTRAR S SIGNATURE				
30M REV. 1168	K	Tardesty tuneral Home, ANNAPOLIS, Mid DATEJUL 17 1968 peliones Judge				



		The state of the s	1201
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	. 9426
HEALTH DEPT.		ECEASED NAME First, Middle Lost 20 DATE	KNOWN Month Doy Year 2b HOUR
) e o	(1	(ype or Print) L. 1/4 B. OF	H MATED 7 3 ISES 12 M
delay is and 3 to A3. Poge iment of	3 51	X 4 RACE S DATE OF BIRTH 6 AGE (In yours IF UNDER I YEAR IF UNDER 24 HRS 20 DATE	PRONOUNCED DEAD 2d HOUR
del M3.		F MAY 1930 38 YRS MONTHS DAYS HOURS MIN MONTHS	
Iny delay is 2, and 3 to PM3. Page	70 1	SIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF 1	
oth ages 1, 2, of the form PA	(Oun	Try Georgia U.SA. WIDOWED DIVORCED A.A.	
F Se C	10 0	ITY OR TOWN OF DIATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION	and a
Wiff		INN 2 polls give street adgress) Annal. gers during most of working	) ife, even if retired   INDUSTRY
er e Sive ng h th		USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STR	EET AND NUMBER
aft alo alo wit	01		5 IUVGlew
yed within 24 hours after death grown pencil in Item 18. Give Pages 1, sor Expanser's Office along with form nit. File pages 1 and 2 with the statement 72 hours ofter death	14 F	ATHER'S NAME FIRST Middle Lost 135, MOTHER'S MAIDEN NAME FIRST	Middle Lost
hor the officer of th	, ,, ,		
ncil in quner's poges hours	160	MATK AND THE MATTHEW MATTHEW MATTHEW	ADDRESS
ho		es, no, or unknown) (If yes give wor or dates of sanse) UNKNOWN Charles A Pitts	
			5AMPROX MATE INVERVAL
= · · · · · · · · · · · · · · · · · · ·		18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART DEATH WAS CAUSED BY  THE SECTION OF THE SECTION	BETWEEN ONSET AND DEATH
ding ding ledi, w		IMMEDIATE CAUSE (o)	Suddin
e e) pen sif M		DUE TO, OR AS A CONSEQUENCE OF  Conditions, if only, which gove )	
Chic		rise to immediate cause (a), (b)	
wor wor he iol-		stoling the underlying couse DUE 10, OR AS A CONSEQUENCE OF	
he he to t		(c)	
EXAMINER: This certificate should be executed within 24 hours after death execute the certificate, writing the word "pending" are pencil in Item 18. Give Page for. Page 4 should be forwarded to the Chief Medical Examiner's Office along with 18 for your files.  CTOR: Page 3 should be used as buriol-transit permit. File pages 1 and 2 with the starburiol, cremation, or removal, and in any event within 72 hours after death		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN	N PART (0)
vritin vara vara ed c	CERTIFICATION	190. DATE OF OPERATION [196 CONDITION FOR WHICH OPERATION	20. AUTOPSY?
INER: This certificate, writh should be forwar files. 3 should be used attorn, or removal	IFICA	WAS PERFORMED?	YES NO NO
Thi icat be be	CERT	210 EXTERNAL CAUSE WAS 210 TIME OF INJURY Month, Doy Year 21c HOW INJURY OCCURRED (Enter nature of injury	
S. Sul,	MEDICAL	PRIMARY OR CONTRIBUTING HOUR AM  (AUSE OF DEATH  (PM) 7-3 1968 Coulo acceded Rec	te_ 50
INER: e cert shoul files. 3 shou	MED	2 d. IN. JRY OCCURRED   21e PLACE OF INJURY (At home, farm, street,   21f LOCATION Street or R.F.D. No. (11)	y or Town County State
AM e th our our ige rem		WHATE NOT WHITE AT WORK AT WOR	MAGO MO
se execute the cert se execute the cert ector. Page 4 should ned for your files. ECTOR: Page 3 should buriol, crematron		220. I certify that I took charge of the remains described above, held on Autopsy, Inspection	
CAL ex ex cor.			etermined monner
please ex- director. director. DIRECTO		CHIEF MEDICAL EXAMINER	Serialised Horning
ple l' di l'		SIGNATURE Churcher M.D. ASSISTANT MED CAL EXAMINER [	22b DATE SIGNED
UT)		DEPUTY MED CAL EVANIMED TO	
necessory, please execute the the funeral director. Page 4 5 may be retained for your to FUNERAL DIRECTOR: Page Health prior to buriol, crem		NAME (Type)  E. LIN hare of an address (Street, city, town or co.	inty) MACO.
50 5 ± 60 5 ± 60 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	230		(City or Town) CumBerland (Stote)
	1 /	SUTIAL JULY 9, 1968   CELAF HILL HORE	Well Tup. New Jersey
	24		ZOU KEUIOTKAK S OJUNATUKE
VR A)5ME (5)		Charlos F. Belly 5.	Milanea Inda

MARYLAND STATE DEPARTMENT OF HEALTH



MARTLAND STATE DEPARTMENT OF REALIN DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03427 CERTIFICATE OF DEATH Middle 20. DATE OF DEATH 1. DECEASED-NAME Amelia Podgurska 68 Year death (Type or print) Month Dov 4 RACE 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. ve carbon popers Pages? Ferent, within 72 hours after 3 SEX S. DATE OF BIRTH lost birthday) White AMONTH'S I HOURS Female YRS requires that the death certificate be executed within 24 hours 9 COUNTY OF DEATH 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED | NEVER MARRIED Anne Arundel WIDOWED X USA DIVORCED Baltimore and completely filled 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 10 -CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR during most of working life, even if retired.) give street oddress) North Arundel INDUSTRY Glen Burnie 130, USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13e STREET AND NUMBER 13b. COUNTY Baltimore odmission) STATE YES 🚽 3122 Foster Ave. NO cremotion, or remayal, and in any 14. FATHER'S NAME Middle Lost 15. MOTHER'S MAIDEN NAME First Middle First Michael Kulinski Zejarski 213 SaddEllwood Ave. 16b. SOCIAL SECURITY NO. 17 INFORMANT 160. WAS DECEASED EVER IN L.S. ARMED FORCES? Yes, no or unknown) Romanowski: Balto., 21224, Md. Elsie A. 18. CAUSE OF DEATH (Enter only one cause per ne for (a), (b), and (c) PART 1. DEATH WAS CAUSED BY ween dia IMMED ATE CAUSE (b) DUE TO, OR AS A CONSEQUENCE-OF Conditions, if ony, which gove ) busiol transit rise to immediate couse (a), gned by DUE TO, OR AS A CONSEQUENCE OF be retained by the hospital ar attending physicion. stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBLITING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 3 should be detoched for use os the with the State Dept. of Health prior to 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20g. AUTOPSY? 19g. DATE OF OPERATION 195, CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES 🔲 NO [ 210. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 1B.) OR CONTRIBUTING TELEBRISE OF DEATH HOUR A.M. Month Dov Yeor (If either, notify medical examiner) 21e PLACE OF INJURY (AT HOME FARM STREET, FACTORY) 21d INJURY OCCURRED 21f LOCATION State City or Town County While Mot while of work # of work 22a. I certify that (1) (this hospital) attended/the peceased from saw the decedsed alive on TO FUNERAL DIRECTOR: 22c DATE SIGNED ATTENDING PHYS. DEGREE DIRECTOR PHYS director, poge should be filed 22e. ADDRPSS 22d PHYSICIANCS 23c NAME OF CEMETERY OR CREMATORY 23b DATE 230 BLRIAN (REMATION REMOVAL (Specify) 7301 German Hill Rd., Holy Rosary Cometery 7-6-68 25a. REC D BY REGISTRAR REGISTRAR'S SIGNATURE 901 S. Conkling St. 2Sb FUNERAL DIRECTOR 1968 Balto., 21224, Md. 30M REV



		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	428
DEPT.		CEASED-NAME First Middle Last 2a DATE KNOWNEY Manth D	ay Year 25 HOUR
2	SE		10 168 M
	I	Male Colored 5-10-30   last brithday) MONTHS OAYS HOURS MIN. Manth Day 10	Year 19 68 2:50°p
F W		BIRTHPLACE (State or foreign 76 CHTIZEN OF WHAT COUNTRY? 8 MARRIED 19. COUNTY OF DEATH WIDOWED DIVORCED Anne Arundel	Md
		ITY OR TOWN OF DEATH II. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12	b K ND OF BUSINESS OR DUSTRY
14	3a ad	USUAL RESIDENCE (Where deceased tived, if inst than Residence before ISC CITY OR TOWN than ISA INSIDE CTY LIMITS?  WEST NOTE:  136. STREET AND NUMBER THAN ISSUE OF THE PROPERTY OF THE PROPER	
14	4 FA	ATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle	Last
<del>/</del>	( - 16		anton
I		WAS DECEASED EVER IN U.S. ARMED FORCES? es, na, ar unknawn) (If yes give wer or doles of service)  243-40-2845 Mrs. Elsie Powell 1103 Myr	APPROXIMATE INTERVAL
	- 1	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I DEATH WAS CAUSE DBY.  IMMEDIATE CAUSE (a)	BETWEEN OMSET AND GRATH
1	IIFICALIS	19d DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?  YES NO NO
MINICAL CES		21d EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M.  CAUSE OF DEATH  21b TIME OF INJURY Manth, Day, Year HOUR A.M. P.M. 19	
100	Ě	2 d. N.JRY OCCURRED WHILE NOT WHILE AT WORK AT	Caunty State
		22a. I certify that I taak charge of the remains described above, held an Autops XX. Inspection , Inquiry , death resulted fram. Natural causes XX. Accident , Suicide , Hamicide , Undetermined manner CHIEF MEDICAL EXAMINER    ACTUAL SIGNATURE    EXAMINER'S   NAME (Type)    Charles S. Springate, M.D. ADDRESS(Street, city, tawn, or county)	
1	23 a	BUR AL CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (C	aunty) (State)
	2.6	BUTIAI 7-14-68 Powell Cemetery Nash Co., Nor	_ <del>_</del>
		FUNERA, DIRECTOR  ADDRESS  ADDRESS  ADDRESS  ADDRESS  DATE: UL 1 2 1968	as Judge

LIAMAN ALIM PRATE PERIORITADELE ME HICALTII



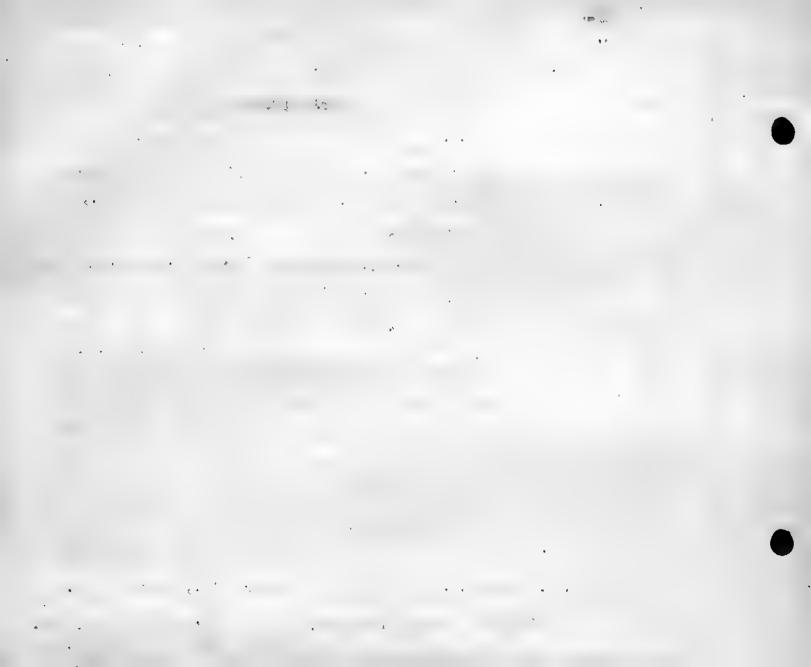
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) PLACE OF OEATH a. COUNTY P. COUNTA ANNE ARUNDEL ARUNDEL MARY! AND c. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b life GLEN BURNIE, MARYLAND FURT GEORGE G PEADE e. IS RESIDENCE d. STREET ADORESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) DN A FARM? KIRROUGH ARMY HOSPITAL AMBERLY ROAD YES NO.KO Within etely DATE OF DEATH Month Day 3. NAME DE First Middle Last 4. DECEASED JIII.Y 19 68 event, WIJSLEY compli (Type or print) JOHN AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED **CATE OF BIRTH** 9. last birthday) | Months | Hours and any WIDOWEO DIVORCED [ 2 JULY 1968 O yrs. MALE CAU. 11, BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10a. HSHAL OCCUPATION (Give kind of work done) 10b, KING OF BUSINESS OR physician COUNTRY? death certificate be during most of working life, even if retired) INDUSTRY and ANJE ARUJDET, MARYLAJD UNITED STATES NEWBORN JEWBORN BABY 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME remova ALICE SUSAN SHRECK JOHN WESLEY REESE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address o (Yes, no. or unknwn) ((f yes give war or dates of service) JOHN W. REESE None N.A. INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH Š DEATH WAS CAUSED BY: APNEIC EPISODE IMMEDIATE CAUSE (a) DUE TO LIFE PREMATURITY Conditions, if any, which (b). the by gave rise to immediate DUE TO cause (a), stating the certificate has be thed for use as the of. of Health prior t underlying cause last. (c) 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION PERFORMED? ND [ NONE YES X 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CEATH (IF EITHER, NDTIFY MEDICAL EXAMINER) (County) (State) 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) MEDICAL 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year factory, street, office bidg., etc.) Hour a.m. Not While be retained by at work at work 21. I certify that (I) (this hospital) attended the deceased from 7:30AM 2 July 68, to death 2 July 68that (I) (we) last DIRECTOR: and that death occurred at 11:2% from the causes and on the date stated above. 19.68 July saw the deceased alive on 22b. OATE SIGNEO 22a. SIGNATURE ATTENDING ed ed PHYS. DIRECTOR PHYS. M.O. 4 may E = 22d. ACORESS FUNERAL PHYSICIAN'S director, p should be 1 NAME (Type) KINBROUGH ARMY HOSP, FT G. G. MEADE NOMURA. ripidi) (State) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23b. OATE THEREOF BURIAL, CREMATION, REMOVAL (Specify) 2 Glen Burnie. 1968 Glen Haven Memorial Pk Marvland Burisl Julv REC'O BY REGISTRAR I 25b. REGISTRAR'S SIGNATURE ADORESS 24. FUNERAL DIRECTOR VR A15 (4) GLEN BURNIE HOME 15M 4-64



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t		6542%		301 W. PRESTON STREET, BALTI CERTIFICATE OF DEATH	MORE, MARTEAND 21201	9430
-H _ C -H		CEASED-NAME First	Middle	lost	2a. DATE OF DEATH	2b. HOUR
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an Sala	70	SIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
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filled filled thin 7	10. (	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INS	TITUTION (If not in haspital 12a USUA	L OCCUPATION (Kind of work done	126 KIND OF PHENESS OR
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OR ATTENDING PHYSICIAN: The low requires that the deart	130. adm	USUAL RESIDENCE (Where deceose stron) STATE	ed lived, if institution: Residence before 13b. COUNTY		136. STREET AND NUMBER  351 Bensal St.	# 21224.
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quires the physicion. Signed by burial-troi		lost.	(c)			
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rsic ospi certi hed hed	WED	If either, notify medical examinate 21d INSURY OCCURRED 21e.	PLACE OF INJURY (AT HOME, FARM, STREET, FAI OFFICE BUILDING, ETC.		City or Town	County State
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ATI Para Para Para Para Para Para Para Par	1	22b SIGNATURE	11 67 0		22c. DA	TE SIGNED
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TAL DAL D bagg e filled		22d PHYSICIAN S NAME (Type)	fason H. Gaskel	22e. ADDRESS 637 S. C	onkling St., Balto	21224 14
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the dear cartificate be executed with Page 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely in director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon should be filled with the State Dept. of Health prior to burial, cremation, or remayal, and in any event, with	230	BURIAL CREMATION, 23b. (	DATE -68 23c NAME OF Sacre	CEMETERY OR CREMATORY  d Heart Cemetery	7401 German Hill	(Ray) Balto Co
	34	FUNERAL DIRECTOR		ling St. 250 RECT B	Y REGISTRAR 25b. REGISTRAR S SI	GNATURE
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7	1	MARYLAND STATE DEPARTMENT OF HEALTH	
7	7	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	L
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The atte	CERTIFICATION	YES NO CAUSES OF DEATH?	
ar or are			
CCIA Straight Straigh Straigh Straigh Straigh St	MEDICAL	□ OR CONTRIBUTING □ CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M. 19	
hasp cer che	¥.	21d INJURY OCCURRED 21e, PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D No City or Town County	State
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ING by 1 fter be 3 stats	П	22a. I certify that (I) (this haspital) attended the deceased fram, 19, ta, 19, that	(I) (we) last
END A He A		saw the deceased alive an	and from the
ATA STATE OF	П	22b. SIGNATURE 2 22c. DATE SIGNED	
d w d	Н	DEGREE PHYS DIRECTOR DIRECTOR PHYS. DIRECTOR 7/10/68	
AL AL O	L	22d. PHYSICIAN'S 22e. ADDRESS	
ERA ERA dibe	1.	NAME (Type) A. T. Allen, M.D. 62 Cathedral St., Annapolis, Md.	
TO HOSPITAL OR ATTEND Page 4 may be retained of FUNERAL DIRECTOR: A director, page 3 should should be filed with the 2	230	BURIAL, CREMATION, 295 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (GITY OF TOWN) (County)	(Stote)
, 55 5 5 4 V			Md
VR AT SAU	24.	FUNERAL DIRECTOR ADDRESS 250 RECD BY REGISTRAR 256 DEGISTRAR'S SIGNATURE	2
30M REV. 17 38	L	Wm. Reese, 108 W. Washington St., Anna Mal 11 1000	



2 1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
7 FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	32
HEALTH DEPT.	3. 14 TM	Yeor 2b HOUR
	1 DECEASED NAME   First   Middle   Lost   20 DATE KNOWN   Month Doy OF ESTI   July 28,	,68 9:35 <sub>P</sub>
Pag Pag	3 SEX 4. RACE S. DATE OF BIRTH 6. AGE in yours IF UNDER 1 YEAR IF UNDER 24 HRS 2c DATE PRONOUNCED DEAD	2d HOUR
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farr farr	LIDICI, WILLIAM BROKED	Md. ND OF BUSINESS OR
This certificate should be executed within 24 hours ofter death itote, writing the word "pending" in pencil in Item 18. Give Pages 1, be forwarded to the Chief Medical Exominer's Office olong with farm 3 be used as a buriol-transit perint. Fire pages 1 and 2 with the State Der removol, and in any event within 72 hours after death.	Slen Burnie give street address Arundel Hospital duning gost of working its, even fretired) IND STI	
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n within p pencil Exomine File pag	164 WAS DECEASED EVER IN U.S. ARMED FORCES2  [Cles, no or unknown) [IT designs of service] 4164 - 4128	
\$ E E E	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	APPROXIMATE INTERVAL TWEEN ONSET AND GEATH
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The The Park of th	210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter nature of nijury in Port 1 or Port 2, Item 18)	
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17 SICAL E 7, pleose executed director. Pour entained for AL DIRECTOR: prior to buriol,		ond in my opinion
oleose directo etaine DIREC	death-resulted from: Natural causes , Accident X, Suicide , Homicide , Undetermined manner	
	ACTUAL SIGNATURE ASS STANT MEDICAL EXAMINER 226 DATE SIGNED	,
DEPUTY ressary, p e funeral moy be r FUNERAL	EXAMINER'S Edward F. Wilson, M.D. DEPUTY MEDICAL EXAMINER July 29,	1968
	MAME (Type)  ADDRESS(Street, city, town, or county)	
5 = 4 × 5 ± ×	23g BURIAL CREMATION 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) , Usounty	1) Stote
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	3. SEX	0056	4. RACE	WY		S. DATE OF BIR	otu .		6. AGE (in years	IF UNDER I YEAR	IF JHDER 24 HRS.
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hour bour	7a BIRTHP country)	ACE (State or fareign		OF WHAT COUNTRY?	8 MARRIE	D ANEVER MARK	RIED 7	COUNTY OF	DEATH		
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requires that the death certificate be executed within 2 g physician.  I signed by the attending physician and completely filles buriol-transit permit. Then please remove carbon pall buriol, cremation, or remayal, and in any event, within	Glen	Burnie		give street address) North Arun	del Ho	spital	during most d	af work ng Aent W	ufe, even if retired.) Orker	INDÚSTRY	
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on price	CERTIFICATION 1840 D					YES	NO 🗀		OF DEATH?		
1.1 2 3 4 7	E 210	CCIDENT WAS UNDERLYIN	G [21h T	IME OF INJURY	210			dure of ineur	y in Part 1 or Part 2,	Item 181	
A de la	<b>∃</b> □ 0R	CONTRIBUTING 🗀 CAUSE OF DEAT	HOUR	A.M. Month Day Yeo	r	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	annea (einai na	reora or injur	, 11 1 att 1 b) 1 att 2,	1010-101	
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ed ed he he he		saw the deceased al	(I) (wa)	(did) (did not) view the	17. <u>10.0</u> ,0	nd that in (my	/) (our) opinio	on deoth o	occurred on the d	ote and hour	ond from the
E in So of the			(i) (we)	(uib) (uid siot) view me	body one	i deoiii.			100	DATE CICNED	
A TO SEE	220.0	IGNATURE TO THE	1		D.F.	ATTENDIN	G MED		STAFF -	DATE SIGNED	
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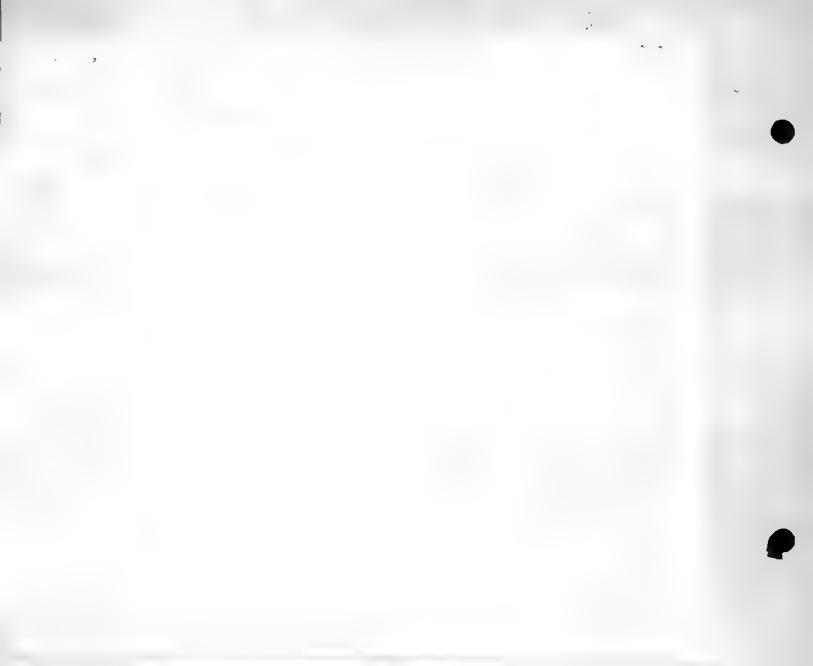
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d v	13a	USUAL RESIDENCE (Where deced	ased lived, if institutio	n: Residence befare	13c CITY OR TO	IWN 13d	INSIDE OTY LIMITS?	13e STRE	ET AND NUMBER		
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ate direction	160	WAS DECEASED EVER IN U.S. AF	RMED FORCES?	16b. SOCIAL SECURITY I	10. 17. INF	DRMANT			Address	ANNAPOI	IS, MD.
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equires that the death cerl physicion. signed by the ottending p burial-transit permit. The burial, cremation, or remo		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	inly one cause per line	far (a), (b) and (c).	)			-			ITE INTERVA. SET AND DEATH
ie death ce offending permit. Th		PART I. DEATH WAS CAUS	ED BY MATE CAUSE (a)]	PULMONARY	EMBOLI2	ATION					
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the the sit p		Canditians, if any, which gave	)	ARTERIOSCI	EROTIC	HEART	DISEASE	C			
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es les les les les les les les les les l		last.	(c)								
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The low ratending bos been se as the h prior to	CERTIFICATION	19a. DATE OF OPERATION 198	. CONDITION FOR WHIC	H OPERATION WAS PE	RFORMED	20a. AUTOPSY	17		ES, WERE FINDINGS	CONSIDERED IN CER	TIFYING
The ratte e hose outh p	Ιĕ					YES 📆	№ □	CAUSES	OF DEATH?		
rCIAN: The pital or at thicate by d for use of Health		21a. ACCIDENT WAS UNDERLY			21c. HOW	INJURY OCCUR	RED (Enter not	ture of injury	ın Part 1 ar Part 2,	Item 18.)	
YSICIAN: ospital or certificate thed for u	MEDICAL	or contributing CAUSE OF DE.  (If either, natify medical exam		Month Day Year	,						
Z os t	불	21d INJURY OCCURRED 121d		AT HOME, FARM, STREET, FAC DEFICE BUILDING, ETC.		TION Street a	ır R F D. Na	City a	r Town	County	State
JING PHYS by the hos (fer this ce be detache Stote Dept		While Not while at work	,	JEFFICE BUIEDING, EYC.	1						
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ND ad be		saw the deceased	olive an 2330	12 JIII	9_68, and t	hot in (my)	(our) opinio	n death oc	curred on the d	ate and havr a	nd fram the
OR ATTENION OF THE OR ATTENION O	П	causes stated abov	/e, (I) (we) (did) (	lid not) view the	bady after de	oth.			1 00		
OR A be ret be ret or 3 sleed will		22b. SIGNATURE	$\Omega$		DEGREE	ATTENDING	MED.		STAFF -	DATE SIGNED	40/0
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TO HOSPITAL OR ATTENDING PH Page 4 may be retoined by the hr TO FUNERAL DIRECTOR: After this director, page 3 should be detaged should be detaged.		22d PHYSICIAN S BARRY	COUGH	LIN LCDR	MC USN	ST		AVAL H	OSPITIL.	ANNAPOLI	S. MD.
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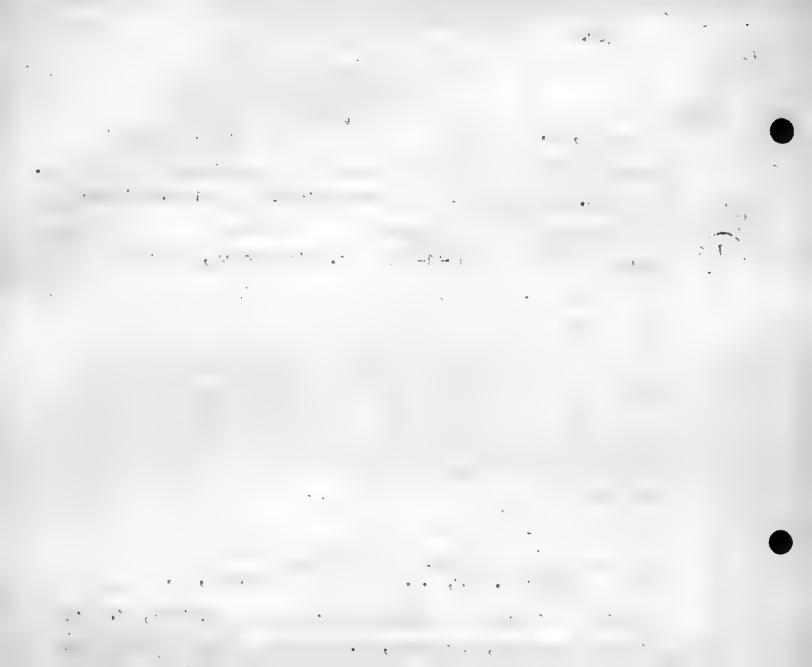
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8/18/8		Type of print)	Claude	Meredith	RUSSELL	July Month	26, Doy 1968. 3:25 M
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in 2 illec	10.	CITY OR TOWN OF D	EATH	11 NAME OF HOSPITAL OR II	ISTITUTION (If not ryhospital / 12a USU)	AL OCCUPATION I Kind of w	vork done 12b KIND OF BUSINESS OR .
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th vertification in a physical plan plan plan plan plan plan plan pl		Yes, no orunknawn)	(Il yes give war an	dgles tripervice)	LORETTO KI	ISSELL #	13
		18 CAUSE OF DE	ATH (Enter only o	ne couse per June for (a), (b), and (c			APPROXIMATE INTERVAL
fendin For		PART 1. DEAT	h was caused b'	( ( Z/ Z)	111 THOMB	0515	BETWEEN ONSET AND DEATH
V = E		48-	IMMEDIATE		Mr. J. TICUMEN		0 475
the d		Conditions, if ony,	which gave	DUE TO, OR AS A CONSEQUENCE OF	SCIEROSIS		15 VEAR
y # V		rise to Immediat	e cause (a).	DUE TO, OR AS A CONSEQUENCE OF			13746
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equires that the physicion. signed by the cat burial-transit per burial, cremotian,		2 3 3	CHIEFCANT CONDIT	IONS CONTRIBUTIONS TO DEATH BUT I	IOT RELATED TO THE TERMINAL DISEASE OR C	ONDITION CIVEN IN CART	1(2)
red g pl		DADA	SMITICART CONDIT	CONTRIBUTION OF DEATH BUT I	TO RECEIVED TO THE TERMINAL DISEASE ON	ONDITION GIVEN IN PART	Dec. 32 -
din din	<u>종</u>	190, DATE OF OPER	TION 18h CON	DITION FOR WHICH OPERATION WAS P	ERFORMED 200 AUTOPSY?	ATE/////	FINDINGS CONSIDERED IN CERTIFYING
OR ATTENDING PHYSICIAN: The law requires that the be retained by the haspital or attending physician.  NIRECTOR: After this certificate has been signed by the east should be detached for use as the burial-transit peed with the State Dept. of Health prior to burial, crematian	CERTIFICATION	170. DATE OF OPER	1104 170. COM	DITION FOR WHICH OPERATION WAS P		TAUCEC OF DEATH	
	FR	21a. ACCIDENT W	S TINDEDI VING	21b. TIME OF INJURY	YES NO E	·	- D- 4 0 14 101
MAN Series		OR CONTRIBUTING	CAUSE OF DEATH	HOUR A.M. Month Day Year		r nature of injury in Port !	or Port 2, Item 18)
SICI Spit Spit Spit enfit ed	MEDICAL	(If either, notify n	nedicol exominer)		9		
HY ho is c ach	1	21d. 1NJURY OCCU While Nat wh at work at war	ile 📺   Zie. PLA	CE OF INJURY (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	(TORY.) 21f. LOCATION Street or R.F.D. No.	City or Town	County State
t de t e de t	1	at work at war	k 🗀				
by by Sto	1	22a. I certify	that (I) (this I	aspital) attended the decease	ed from 190	10000	an the date and havr and fram the
R: /		causes st	ated above. U	(we) (did (did nat) view the	bady after death.	man death accurred	an the date and havr and from the
EA ST SEE		22b. SIGNATURE		1 ////		/	22c DATE SIGNED
OR OR Od w		(	ALLAN.	11 Shear	DEGREE PHYS D	MED. STAFF IRECTOR PHYS.	0 7/2/0/-8
P P P P P P P P P P P P P P P P P P P		22d. PHYSICIÁN'S	Mary Mary		22e ADDRESS	1110	17-4/60
ERA ERA Fr. P		NAME (Type)	Edward	S. Beck, M. D.	73 1	Franklin St.	, Annapolis, Md.
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached far use as the burial-tron should be filed with the State Dept. of Health prior to burial, cre-	230	BURIAL, CREMATIOI	V, 23b. DAT	23c, NAME OF	CEMETERY OR CREMATORY	23d LOCATION (City or	Town) / (County) (State)
0 % 9 E K	10	3 REMOVAL (Specify)	2-2	9-68 MADE	WRIDGE.	ELKRIDGE	Howarn MD
T	24,	FUNERAL DIRECTOR	01	ADDRES:			REGISTRAR'S SIGNATURE
VR A15 (4) 30M REV. 1/68	11	oky M:	Votero.	bus (lunes	olis, Md. DAVUL	3 0 1968 2	Charles Judge
	H		Y-/	70	7	TA DAY	



DIVISION OF		TE DEPAKTMENT OF HEALTH . PRESTON STREET, BALTIMORE, MARYLANI	0 21201 () 9 4 3 6
As the sale was		ECATE OF DEATH 2. DATE AND HOUR OF D	
1. NAME OF DECEASED	-		EATH
CTARA A MEN	SCHMILL	7/7/68	5:30 P.M
			d. If institution: residence before admission
FULL NAME OF HOSPITAL OR INSTITUTION  INSTITUTION  (IF NOT IN HOSPITAL OR INSTITUTION)		CITY OR TOWN	Anne Arundel INSIDE CITY LIMITS?
Anne Arundel Count  2Tl: Hill Top Road  5. SEX   6. RACE   7. MARRY	ty	BALTIMORE  E. STREET AND NUMBER	YES NO
2Th Hill Top Road		21) HILL TOP ROAD	
5. SEX 6. RACE 7. MARRI	ED NEVER MARRIED		If Under 1 Yr., If Under 24 His.
FEMALE WHITE WIDOW	ED DIVORCED		Min.
TOA USUAL OCCUPATION(Give kind of work 10B, KIND done during most of working file, even if retired)	OF BUSINESS OR INDUST	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
		PENNA	U.S.A.
13. FATHER'S NAME		PENNA 14. MOTHER'S MAIDEN NAME	N. PM. R.A.
CHARLES SCHNTDT  15. Was Deceased Ever in U. S. Armed Farces?		McEIVIE	
15. Was Deceased Ever in U. S. Armed Farces? (Yes, no or unknown) (If yes, give wor or dotes of service	e) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
ИО		Thomas Schmidt 2Th Hill	Man Di Dalidura
18.	CAUSE OF DEA	TH THE THE THE THE THE THE THE THE THE T	APPROXIMATE HIERVAL BETWEEN ONSET AND DEATH
(This does not mean the made of dying, e. heart failure, asthenia, etc. It means the disea injury ar camplication which coused deeth.)	.g., DUE TO, OR A	S A CONSEQUENCE OF:	2 Chillippin 6 May 1/2
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e. heart failure, asthenia, etc. It means the disea injury or camplication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving the couse of the couse o	(B)	S A CONSEQUENCE OF.	
use to the obave cause (A) stoting to UNDERLYING CONDITION last, /5/	the (C)	JA COMJEGUENCE OF.	
	(0)		***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN	G AL		
22. I certify that (I) (this hospital) attended		4/16 196 F ta	July 7 10 (P
that (1) (we) last saw the deceased alive at		19 6 and that in (my) (voor	aplnian death occurred an the dat
ond hour and from the causes stated abave.	. (I) <del>(We</del> ) (did) <del>(did no</del> i)	view the bady after death.	
23A. SIGNATURE			23 B. DATE SIGNED
Ocensy of Jun !	My Dipegree Ph	ending Med. Staff ys. Director Phys	7/8/18
23C. PHYSICIAM'S NAME (Type)	1	23D. ADDRESS	1/0/00
/ Sidney R. Ge	DEGRE	4700 Pennington Ave.	Balto, Md.
24A. BURIAL CREMATION, 24B. DATE 24C. REMOVAL (Specify)	NAME of CEMETERY or CI	EMATORY 24D LOCATION	(City, town, or county) (State)
BURIAL 7/II/68 F	ountain Spring	S Cemetery ASULAND OF	
SA. DATE REC'D BY HEALTH DEPT.	OF REGISTRAR	S Cemetery ASHTAND PT	SNNA - ADDRESS
יין טעט אַ דַ דַטוּי	00	KUIL TUNERAL HOM	e Hish And I A.



•	1				DEPARTMENT OF H		
			DIVISION OF VITAL REC	ORDS, 301 W.	PRESTON STREET, BALTI	MORE, MARYLAND 21201	
		20423		CERTIF	CATE OF DEATH		69437
(A) 4 =	I. D	ECEASED-NAME First	M.ddl		Last	20. DATE OF DEATH	26 HOUR
また意	{	Type or print) Bernar	11.	C		Month Do	Y Year 1/5
	3. S	DE LIVEL	4 RACE	nan e	Is. DATE OF BIRTH J	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS
the f		to 6				last birthday)	MONTHS DAYS HOURS MEN
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hours after n by the fur s. Poges 1 hours after	70.	BIRTHPLACE (Stote or foreign 7	b. CITIZEN OF WHAT COUNTRY?	8. MARRIE	NEVER MARRIED [	P. COUNTY OF DEATH	. 1
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<b>東京第</b> 7 /	14	nnapolis Mo.	give street oddress) ANNAPOL	15 DURSIA	Home Paring mo	st of warking life, even if retired.)	INDUSTRY Ret
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es in sicio		last. 3 3 1 X	(c)				
urio di principio		PART 2 OTHER SIGNIFICANT COND		H BUT NOT RELATED	TO THE TERMINAL DISEASE OR CO	ONDITION GIVEN IN PART 1(a)	
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law ndir bee s th	CERTIFICATION		INDITION FOR WHICH OPERATION		20a. AUTOPSY?	20b. IF YES, WERE FINDINGS	CONSIDERED IN CERTIFYING
attended by the state of the st	15				YES NO	CAUSES OF DEATH?	
E S S S S S S S S S S S S S S S S S S S	H	210. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY	214		nature of injury in Port 1 or Part 2,	Itom 181
A Portion of the He		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Month Day	Year	TION TOOK! OCCORNED (EITIS	notore of injury in Fort For Full 2,	Hell: 10.)
SIC spit entii ed ed	MEDICAL	(If either, notify medical examine)	P.M.	19			
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det the Co	L	While Not while at wark					
Storing Storin		22a. I certify that (I) (this	hospital) attended the a	deceased from	20007, 196	S , to 20 JUNY , 19 nian death accurred an the d	62, that (I) (we) last
P e e e e e e e e e e e e e e e e e e e	1	saw the deceased aliv	(ID (we) (did) (did nat) vie	17 <i>@.i</i> i_, 0	nd that in (my) (aur) apir	nian death accurred an the d	ate and haur and tram the
Trip Dair		22b Signature	(1) (we) (ala) (ala hai) vie	ew the budy dife	dedin.	220	DATE SIGNED
R R A		10 mm	& Bond	n DE	GREE PHYS.	ED. STAFF D	7/3-1/
		234-PHYSICIAN'S	X JULIE	UE UE	22e. ADDRESS	KECTOR L. PHYS. L.	120/64
ITA moy XAL Po be f		NAME (Type) Edura:	rd S. Beck,	D.	Anna Anna	polis, Md.	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exercted within 24 has Page 4 may be retained by the hospital or ottending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in director, page 3 should be detached for use as the buriol-transit permit. Then please termove corban papers, should be filled with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 has a should be filled with the State Dept.							
E Signer C	23a.	BUR AL, CREMATION, 23b. DA		AME OF CEMETERY C		23d. LOCATION (City or Tawn)	(County) (State)
5- 5- 2					s Cemetery	Baltimore, Mo	
VR A15 [4]	24.	FUNERAL DIRECTOR		ADDRESS	2So. REC'D BY		
30M REV. 1/68 -		Kirkley Funeral	Home, Glen Bu	rnie, Mi	• DATUL 2	2 1968 20km	Car Judge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09438 CERTIFICATE OF DEATH Inst DECEASED-NAME Middle 2n. DATE OF DEATH 2b. HOUR First After this certificate has been signed by the attending physicing and completely filled in by the funeral to be detached far use as the burial-transit permit. Then please, emove carbon papers. Pages 1 and State Dept. at Health prior to burial, crematian, or remaval, and in any event, within 72 haurs after death (Type or print) RICHARD requires that the death certificate be executed within 24 haurs after dear BERNARD SCHORR 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF HINDER I YEAR IE UNDER 24 HRS lost birthday) MONTHS DAYS male May 25. 1910 caus. 70 BIRTHPLACE (Stote or foreign 7b CIT-ZEN OF WHAT COUNTRY? 8. MARRIEDE NEVER MARRIED 9. COUNTY OF DEATH country) WIDOWED [ Maryland USA DIVORCED [ Anne Arundel 120 USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospitol 12b KIND OF BUSINESS OR during most of working life, even if retired.) give street oddress) North A **INDUSTRY** Glen Burnie Arundel retail 130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13e STREET AND NUMBER 3d, INSIDE CITY LIMITS? 13b. COUNTY YES 🗀 NO V Rt 2 Box 23 Severn arvland Anne Anindel Middle 14 FATHER'S NAME Middle Lost IS MOTHER'S MAIDEN NAME First Lawrence H. Schorr Fove margaret 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b, SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no, or unknown)
YOS Gertrude C. Schorr - same as #13 above (If yes give wor or dates of service) 213-09-0140 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I DEATH WAS CAUSED BY
IMMEDIATE CAUSE (o) Courts core BETWEEN ONSET AND DEATH DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove ) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse; PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 19o, DATE OF OPERATION CAUSES OF DEATH? YES | NO I 210. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year Page 4 may be retained by the hospital (If either, notify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town Stote County While Not while of work 22a. I certify that (!) (this hospital) attended the deceased from 7-4 - 4 , 19.67 , ta 19.68 , 19.68 , that (!) (we) last saw the deceased alive an 300 miles in 19.68 , and that in (my) (our) opinion death occurred an the date and hour and from the director, page 3 shauld causes stated obave, (1) (we) (did) (did not) view the body after death. 22b SIGNAJURE 22c DATE SIGNED ATTENDING STAFF 15,1968 DEGREE DIRECTOR PHYS. PHYS 22e. ADDRESS 22d. PHYSICIAN'S NAME (TypeHorton M. Krieger, M.D. 615 Hammonds Lane Balto. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230. BURIAL, CREMATION, 23b. DATE (County) (Stote) July 17,1968 Baltimore Nat'l Cemetery E. Hopping HOPPING FUNERAL HOME - Annapolis

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MAKTLAND STATE DEPARTMENT OF REALTH
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1 DECCASED MAME / FREY / Modelle 4. fort 22 DATE OF DEATH ON HOURS
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70. BIRTHPLACE (State or fore gn country) VININIA U.S. H. WIDDWED DIVORCED OF DEATH WIDDWED DIVORCED MARRIED MEVER MARRIED HANDE Arundel. Md
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130. USUAL RESIDENCE (Where decesed leved, if institution residence before 132 atty of jown 13d inside City Childs 139 STREET and number Broadway 1808 V. Broadway
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Conditions, if any, which gave rise to immediate couse (o),
the state of the significant conditions, if any, which gave rise to immediate couse (o), stating the underlying cause (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)
196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY?  YES NO CAUSES OF DEATH?  21a. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY  OR CONTRIBUT No CAUSE OE DEATH  HOUR A.M. Month Doy Year
210. ACCIDENT WAS UNDERLYING   21b TIME OF INJURY   21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)  21d INJURY OCCURRED   21e PLACE OF INJURY (AT HOME, FARM, STREET FACTORY, OFFICE BUILDING, ETC.)  21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)  21d INJURY OCCURRED   21e PLACE OF INJURY (AT HOME, FARM, STREET FACTORY, OFFICE BUILDING, ETC.)  21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)  21d INJURY OCCURRED (Injury in Part 1 or Part 2, Item 18.)
The either, notify medical examiner)  21d INJURY OCCURRED While of work  21d INJURY OCCURRED OF INJURY (AT HOME, FARM, STREET FACTORY, OFFICE BUILDING, ETC.)  21f. LOCATION Street or R.F.D. No. City or Town County Stole
22a. I certify that (I) (this haspital) attended the deceased from July 19.68, ta July 22, 19.68, that (I) (we) last sow the deceased alive on July 19.68, and that in (my) (our) opinion death occurred on the date and haur and from the causes stated above. (I) (we) (did) (did not) view the bady ofter death.
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22d. PHYSICIAN S NAME (Type) Lione MALANTY P CANSVILLE STATE HOSPITAL MA.  23d. BURIAL, (REMATION, REMOVAL (Specify) Burial 7.25.68 Mt. Auburn Baltimore, Maryland
24. FUNERAL DIRECTOR ADDRESS 2SG. RECD BY REGISTRAR 2SD REGISTRAR'S SIGNATURE
30M REV. 1768 Charles R. Law 802 Madison Ave. DATE JIJ 2 5 1968 Pelianles Judge

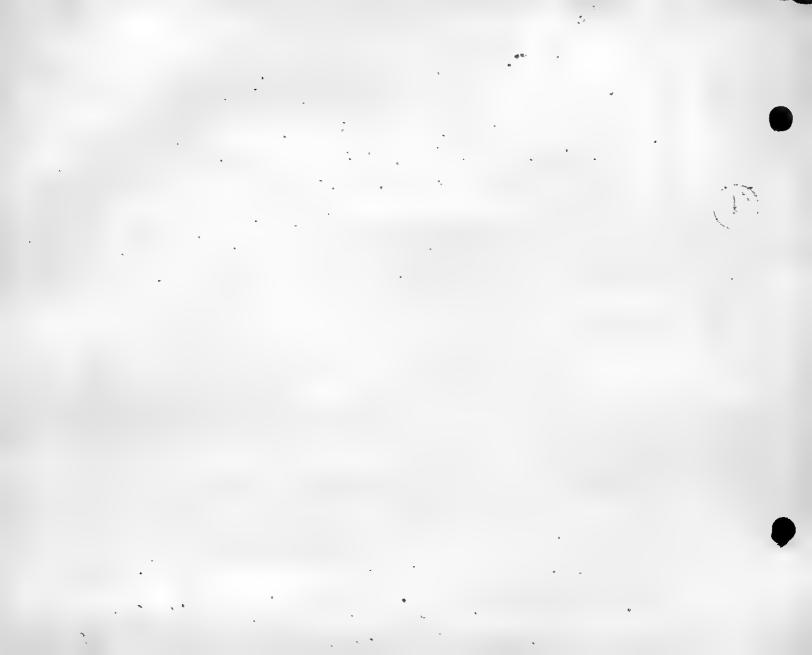


		119432 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	440
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	7 4 U
HEALTH DEPT.		ECEASED NAME First Middle Lost 20 DATE KNOWN Month D	Doy Year 2b. HOUR
is to to of	1 1	Type or Print) william HENRY SellerS DEATH MATED 7	22 1964 AM
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ath oge rh f Stat		(ITY OR TOWN OF DEATH   11. NAME OF HOSPITA. OR INSTITUTION (if not in hospito)   120 USUAL OCCUPATION (Kind of work done   1)	26 KIND OF BUSINESS OR
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24 h in II ar's O ar's O		George W. /Sellers Sarah L. Stephens	
		WAS DECEASED EVER IN U.S. ARMED FORCES?  16b SOCIAL SECURITY NO. 17 INFORMANT ADDRESS  17 INFORMANT ADDRESS	
F. S.	1,	No 217-01-8807 Iola V. Everly, 4761 Chaple Sq.	
red with the collection of the		18 CAUSE OF DEATH (Enter on y one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		IMMEDIATE CAUSE (0)	
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This of face for the face for t	#T#	210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item	YES NO
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INER e cer shoul files. 3 show	MED CAL	CAUSE OF DEATH P M 19  21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R F D. No City or Town	County State
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bical Examiner: se execute the cert ector. Page 4 should ned for your files. ECTOR: Page 3 should burial, cremation			ond in my opinion
bical E lease exect director. Pa stained for DIRECTOR: ( r to burial,		220. Learnify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , death resulted from Notural causes . Accident , Suicide , Hamicide , Undetermined monner	
please e director retained DIRECT or to but			
please please retaine retaine to the fort to kind kind to kind kind kind kind kind kind kind kind		ACTUAL SIGNATURE  CHIEF MEDICAL EXAMINER  226. DATE SI  226. DATE SI	IGNED - C
essary, p funeral lay be ra JNERAL Ith prio		SIGNATURE MD. ASSISTANT MEDICAL EXAMINER DEPLTY MEDICAL EXAMINER 7	IGNED - C8
necessary, please execute the funeral director. Par 5 may be retained for 10 FUNERAL DIRECTOR: Health prior to burial,		FIAMINEPY 2	7. A. CO.
TO DI nece the 5 mc TO FU	230	BURIAL, CREMATION, 23b DATE 23c NAME OF CEMETERY DR CREMATORY 23d LOCATION (City or Town)	(County) (Stote)
		REMOVAL (Specify) Burial 7-25-68 Loudon Park Cemetery Frederick Ave.,	Balto. Md.
1	24	FUNERA. DIRECTOR ADDRESS BOTH 20 250 REC'D BY REGISTRAR 256 REG STRARS SI	GNATURE
VR A15ME (5)		Howard H. Hubbard, 410/ Wilkens Ave. Ballo 29 Day III 9 4 1968 Oction	Van ander

MARYLAND STATE DEPARTMENT OF HEALTH



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		09433	DIVISION OF VITAL RECORD	S, 301 W. PRESTON STREET, BALTI	IMORE, MARYLAND 21201 🚬	3:43
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fill page fried	10	JPS OR TOWN OF DEATH	11. NAME OF HOSPITAL OR	MSTITUTION (If not in haspital 12a USUA	L OCCUPATION (Kind of work dane	12b KIND OF BUSINESS OR
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and c remo	14.	ATHER'S NAME - MAT	// M.ddle / Last	IS MOTHER & MANDEN NAME FO	rst (Middle	Lost Lost
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<b>₹</b>		4519 IMMEDIA	TE CAUSE (a)		7 0	10-14
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dsp dsp cerr cerr bec	MEC	21d INDERY OCCUPPED 216		FACTORY.) 21f LOCATION Street at R.F.D. Na.	City or Town	County State
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed Illy director, page 3 shauld be detached for use as the burial-transhould be filed with the State Dept. of Health priar ta burial, creating the state Dept.		While Nat while of work	OFFICE BUILDING, ETC	) = = = = = = = = = = = = = = = = = = =	City Gi Tomi	2001
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OR. author			(I) (we) (did) (did not) view th	e body after death.		
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ndy AL pog pe fi		22d. PHYSICIAN S NAME (Type) A 12	1 7	22e. ADDRESS )	Cith-las	CX
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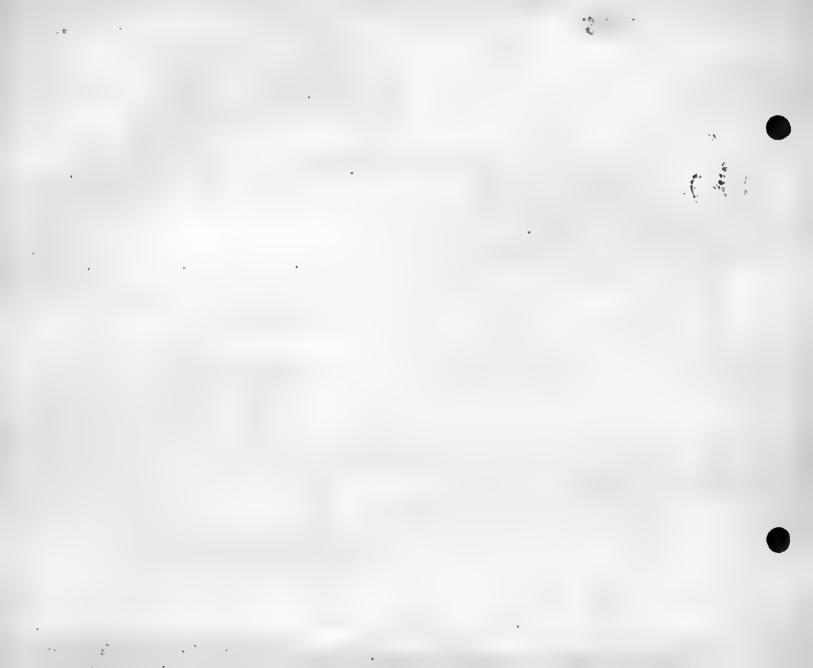
	MARTLAND STATE DEPARTMENT OF HEALTH
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	CERTIFICATE OF DEATH
-SE	1. DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR (Type ar print) Th
9 8 8 B	Thomas Clifford Seltzer, Sr. July 29 1968 M
	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years I FUNDER I YEAR I FUNDER 24 HRS
p 2.65	male cauc. Sept. 13, 1908 (lost birthdoy) MONTHS DAYS HOURS MIN
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Ayithin 24 hours after by filled in by net bon popers. Peges, within 72 hours tilen	Annapolis give street address) DOA Anna Arundel General carpenter Boat building
東京	13a USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER
200	odmission) STATE Haryland Anne Arundel Joodland Beach NO -
ond conditions	14 FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost
be exponent	Francis M. Seltzer Ethel Former
ate iciar leos onc	16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address
ertificate be physician o nen pleose noval, and ir	Yes, no, or unknown) (If yes give wor or dotes of service) 215-07-7446 Thomas C. Seltzer, Jr. Edgewater,d.
g p Thei	18. CAUSE OF DEATH (Enter only one couse per line for (g), (b), and (c).)
he death ce ottending   permit. Th	PART 1. DEATH WAS CAUSE BY. Colonian Occlusion limited at Colonian Company
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ICIA Pitol Pitol d fo af H	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor  (If either, natify medical examiner) P.M. 19  21d INUIDY Of CIRPED 121e MACE OF INUIDY (ATHOME FARM STREET, FACTORY V. 234 LOCATION. Street or P. E.D. No. 19 (Curple) State
PHYSICIAN: e hospitol or his certificate stached for u Dept. af Heal	
JING PHYSICIAN by the hospitol frer this certifico be detached for State Dept. af He	While hat while at work at work
ATTENDING stained by the CTOR: After should be d ith the State	22a. I certify that (I) (this bospital) attended the deceased from 7/3/, 1962, to 7/29, 1968, that (I) (ive) last
FEND FR. Af Build	saw the deceased glive an 5/3/1964, and that in (my) (earl opinion death occurred on the date and hour and from the
OR ATTENI be retained DIRECTOR: A ge 3 should	causes stated abave, (I) (may (did)) (did nat) view the body after death.
R ATT refair refair showith with	226 SIGNATURE  1 CELEBRATE HOLLING, ENDEGREE PHYS MED DIRECTOR DIR
be re DIRE	DIRECTOR PHYS.   1/30/60
moy be RAL DIR	22d PHYSICIAN S Richard I. Hochman hi) 120 ADDRESS Murray Ave. Annapolar Red
Page 4 may be retained by the haspital or ottending TO HOSPITAL OR ATTENDING PHYSICIAN: The low rate Page 4 may be retained by the haspital or ottending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filled with the State Dept. af Health prior to	
Sage Figure 1	230 BURIAL CREMATION, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
5-5	The state of the s
VR A15 (4) ↑ ↑ ↑ 30M REV 1160 X	Book Toy In hopping / July 6 14 1969 Miles In 1960
N. A.	Hopping Funeral Hole - Annapolis, Na. / DATE JUL 31 1968 Rushing



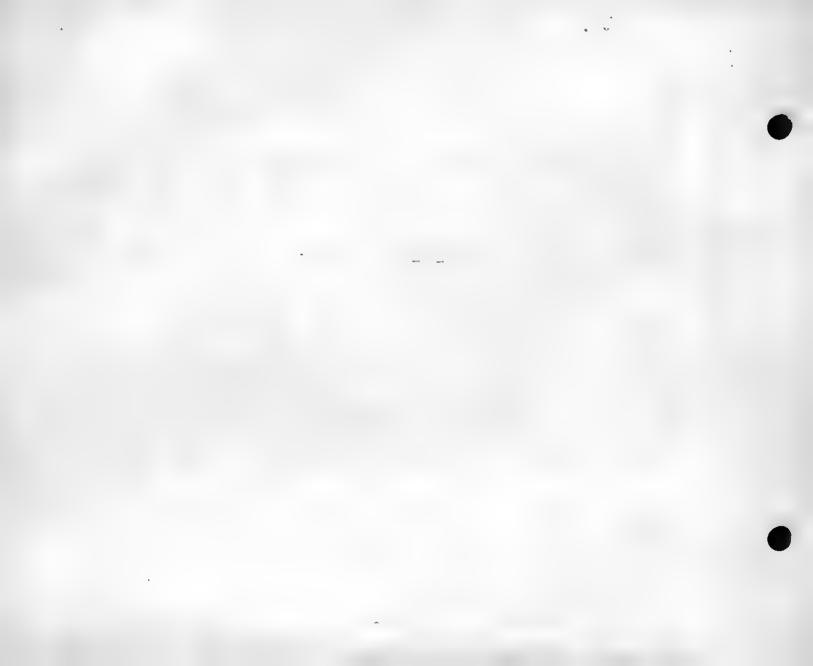
( \	MARTLAND STATE DEPARTMENT OF REALITY							
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201							
		CERTIFICATE OF DEATH						
death.		The ar print of Definition (Middle Softman) Seuball 20. DATE OF DEATH Manthy Day, Year 8 P. M.						
₹ 12°E	3. SI	S. DATE OF BIRTH  S. DATE OF BIRTH  S. DATE OF BIRTH  A. RACE  A.						
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vithin 24 filled an pape within 7.	10. (	ABallomne 26. Maching in the spiral of the street address)  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even it retired.)  12. Maching in the spiral of the spiral during most of working life, even it retired.)						
executed with and campletely f remove carban n any event, with		USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c7 CITY, OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER? 13b. COUNTY 15b. COUNTY						
xect Trav	14	FATHER'S NAME A rst Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost						
in and se rem		Patrick Doyle Mary Roche						
The law requires that the death certificate be executed within attending physician. has been signed by the attending physician and campletely fillisse as the burial-transit permit. Then please remave carban poth priar ta burial, cremation, ar removal, and in any event, within	16a.	WAS DECEASED EVER IN U.S. ARMED FORCES?  des, na, or unknown) (If yes give war or deces of service)  16b. SOCIAL SECURITY NO  17 INFORMANT  Miss Lewing Young, Same						
ne death cer attending p permit. The		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))						
leath endi ar re		PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Corelis vascular accident 8 months						
aff per ion,	1	DUE TO, OR AS A CONSEQUENCE OF						
the nsit g		Canditions, if any, which gave rise to immediate cause (a), (b) Caraline (lecomplexation)						
quires tho physician. signed by burial-tran		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF less arterio seleroses & years						
N: The law requires the ar attending physician. the has been signed by . use as the burial-tratealth priar ta burial, cre.	_	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)						
law randing been been so the riar ta	19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY?  YES NO CAUSES OF DEATH?  20b IF YES, WERE FINDINGS CONSIDERED IN CERTI CAUSES OF DEATH?							
The atternation of the se at the principle of the princip	I E	YES NO CAUSES OF DEATH?						
PHYSICIAN: he haspital ar this certificate letached far us Dept. af Healt	ੋਂ	21a. ACCIDENT WAS UNDERLYING   21b. TIME OF INJURY   21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)    Concentration of injury in Part 1 or Part 2, Item 18.)   Concentration of injury in Part 1 or Part 2, Item 18.)						
OR ATTENDING PHYSICIAN be retained by the haspital DIRECTOR: After this certificale 3 shauld be detached fared with the State Dept. af He	MEDI	21d INJURY OCCURRED While Not while at work 2 to PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 211 LOCATION Street or R.F.D. No. City or Town County State						
DING J by th After J be d		22g.   sertify that (1) (this besented) attached the deceased from 1960, to 2014 / 1968, that (1) (we) last						
ATTENDING etained by th CTOR: After th shauld be de	saw the deceased alive on							
OR AI		22b. SIGNATURE  DEGREE PHYS.						
		22d. PHYSICIAN'S P.M. Mc Laughlin 22e, ADDRESS Monutain Rd. Pasadian, Med.						
TO HOSPITAL Page 4 may TO FUNERAL I director, page shauld be file	23a.	BURIAL CREMATION, 236 DATE 230 NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) (County) (State)  REMOVAL (Specify) 7/5/68 New Cottledral Gam 43000 (City of Town) 12d.						
VR A15 (4)	24	FINERAL DIRECTOR Cowanison Doc ADDRESS ohn & Cowanison Doc ADDRESS						
30M REV, 1/68	1	901 Holkins DARUL - 3 DOO 1						



	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201						
		89436	DIVISION OF VITAL RECORDS	, 301 W. PRESTON STREET, BA CERTIFICATE OF DEATH	ALTIMORE, MARYLAND 21201	9444	
Seoth.		(Ype or print)	t to Middle	SILANCE	2a DATE OF DEATH Month Day	Year 68 /2 M	
the fagger I so after a	3. S	Felials	4. RACE Cahite	S. DATE OF BIRTH		FUNDER 1 YEAR FUNDER 24 HRS.  ONTHS OAYS HOURS MIN.	
in by tars. Page 2 hours	70. cou	BIRTHPLACE (State or foreign niry)  Maryland	76. CITIZEN OF WHAT COUNTRY? USA	B MARRIED NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH	Courte	
within 24 h	10. (	CITY OR TOWN OF DEATH	I NAME OF HOSPITAL OR II	ASTITUTION (If not in base) 120 U	ISUAL OCCUPATION (Kind of work done mast of working life, even if retired )	126 KIND OF BUSINESS OR INDUSTRY	
mpletely with went, went, w		CTATE	ased lived, if institution. Residence before	el Von. Home	100 -711-07 1110 110-010	pub. utiliti	
and remarks		FATHER'S NAME First	Middle Lost	Is MOTHER'S MAIDEN NAM	NO 700 Americana	Drive	
e be an an ase re	\	Alfred				Lashment	
rrlificat physicien en plec aval, ar	100	WAS DECEASED EVER IN U.S. AR	RMED FORCES? 16b. SOCIAL SECURITY 212-03-68		Address vis - 18 N. Linden A	ve. Annapolis	
D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital ar attending physician.  S FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fateral director, page 3 shauld be detached far use as the burial-transit permit. Then please remay are about a pagers. Pages 1 paral shauld be filled with the State Dept. af Health priar to burial, cremation, ar remayal, and in any event, within 72 hours after days.		PART I. DEATH WAS CAUSE IMMEDI	DUE TO, OR AS A CONSEQUENCE O	2 veriliand	a failure	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH	
quires that th physician. signed by the burial-transit p		Conditions, if any, which gave rise to immediate cause (o), stating the <u>underlying cause</u> last	DUE TO, OR AS A CONSEQUENCE O	bexa	na	mereth.	
iw requi	125	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE (	OR CONDITION GIVEN IN PART 3(0)		
The law ratending attending has been se as the th priar ta	CERTIF CATION	19a. DATE OF OPERATION 19b	o. CONDITION FOR WHICH OPERATION WAS F	ERFORMED 20a. AUTOPSY?  YES NO	206 IF YES, WERE FINDINGS CON CAUSES OF DEATH?	SIDERED IN CERTIFYING	
PHYSICIAN: 1 he haspital ar this certificate betached far us s Dept. af Healt	MEDICAL CER	21a ACCIDENT WAS UNDERLY!  or contributing cause of ora (If either, notify medical exam	ATH HOUR A.M. Month Doy Yeo	19	nter nature of injury in Part 7 or Part 2, Ite	m 18.)	
PHYSIC the haspi this certi detached a Dept. a	W	While Not while		ACTORY.) 21f LOCATION Street or R.F.D.	1 1	County State	
Page 4 may be retained by the haspital ar attending physician.  To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-transhauld be filled with the State Dept. af Health priar ta burial, crea		caoses stated abov	his haspital) attended the decea alive an	sed fram C/26, 19 19 GP, and that in (my) (aur) of body after death.	968_, ta778, 196 apinian death accurred an the date	and have and from the	
be reto		22b. SIGNATURE	Up aute ?	DEGREE PHYS.	MED STAFF 22c. DA	z8/68	
ro Hospital Page 4 may To Funeral I director, pag shauld bill fil		22d. PHYSICIAN'S NAME (Type) M A	AX C FRANK	22e ADDRESS Y 2.5	JE Ripling Huy	- Handenie	
Page O Ful direct shau	<b>2</b> 3a	DEMONIAL IC., SEA		cemetery or crematory from the company		(County) (Stote) Ward old	
VR AIS AND SOM REV. 1 48			oping ADDRES	S & Atype   25a. RECT	D BY REGISTRAR'S SI L 3 1 1968 Clione	GNATURE Las Judge	



	-	1		DIVISION OF VITAL RECORDS,	201 W DOCCTON CT			
and the second	1		3073		CERTIFICATE OF		, MAKILAND 21201	79445
÷	~4		CEASED NAME First	Middle	Lost		DATE OF DEATH	2b. HOUR
deot	funerol 1 ond 2 er deoth.	(1	ype or print) EDWARD	M.	SKALSTAD		JULY Month Do	
affer o	the fun	3 SE		4. RACE WHITE	S DATE OF BI	21-06	6. AGE (In years lost birthday)	IF UNDER 1 YEAR
4 hours		70. E	IRTHPLACE (State or foreign try) CALIFORNIA	76 CITIZEN OF WHAT COUNTRY? USA	8. MARRIED NEVER MAR WIDOWED DIVOR	RIED 9. COU	NTY OF DEATH	Md,
vithin 2	ly filled on pop within 7	10. €	ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR INS give street address) 140 FFH ARUADE	VITUTION (If not in hospital	120 USUAL OCCU	PATION (Kind of work done rorking life, even if retired)	126 KIND OF BUSINESS OR
ruted v	cian and completely fillereds remave carbon pay and in ony event, within	13a.		ed lived, if institution. Residence before 13b. COUNTYAL THORIL	BA TIMORE	YES NO	13e, STREET, AND NUMBER	ARK HEIGHTS AVE.
pe exe	e rema	,4 F	ATHER'S NAME First Unk	M'ddle Lost	IS MOTHER'S MA	AIDEN NAME FIRST Unk	Middle	Last
tificate	S	16a. Y	WAS DECEASED EVER IN U.S. ARN BS, no No Johnson) (If yes give w	NED FORCES? or or darks of service) 16b. SOCIAL SECURITY N 213-10-69			Same Address	
The low requires that the death certificate be executed within 24 hours after death ottending physician.	on, or rem		PART I DEATH WAS CAUSED	y one couse per line for (a), (b), and (c).  BY  TE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF	Myo	eard	al Dy	APPROXIMATE INTERVAL BETWEEN OHSET AND DEATH
O HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Page 4 may be retained by the hospital or ottending physician.	signed by burial-trai	TON	stating the underlying cause last.  PART 2. OTHER SIGNIFICANT CON	DUE TO, OR AS A CONSEQUENCE OF  (c)  IDITIONS CONTRIBUTING TO DEATH BUT NO .  CONDITION FOR WHICH OPERATION WAS PER			ON GIVEN IN PART I(a)	CANCIOEDES IN CEDITERING
The la	e hos l use as lith pri	CERTIFICATION			AEZ AZ	NO 🔲	CAUSES OF DEATH?	
SICIAN:	ed for of Hec	MEDICAL C	21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEAT (If either, natify medical examin	H HOUR A.M. Month Day Yeor P.M. 19			of injury in Port 1 or Port 2,	
G PHY	detoch te Dept		ot work of work	PLACE OF INJURY (AT HOME FARM, STREET, FAC OFFICE BUILDING ETC			City or Town	County State
ATTENDING PHYSICIAN:	To FUNERAL DIRECTOR: After this certificate has been director, page 3 should be defocked for use as the should be filed with the State Dept of Heaith prior to		sow the deceased a	is hospital) attended the deceose live on 2 2 1 , (1) (we) (did) (did nat) view the l	9, and that in (m)	, 19 <u>68</u> , y) (our) opinian d	eath occurred on the d	ote and hour and from the
OR AT	DIRECTO		22b. SIGNATURE	Daloeing Mo	DEGREE PHYS.	DIRECTOR	STAFF	DATE SIGNED
O HOSPITAL	or, pog		22d. PHYSICIAN'S ROBO	ERT DABOLINS	1 1 220. ADD	RESS nain Hun	, N. W glen (	Buni Ma,
MO	Se le	23a	BURIAL, CREMATION, 23b. ( REMOVAL (Specify)		CEMETERY OR CREMATORY	1	LOCATION (City or Town)	(County) (State)
2 4	5 3	24	REMOVAL (Specify) Burial 7/	27/68 Holy	Cross Cem	25o. RECD BY REGIS	tchia Hevry TRAR 2Sb. REGISTRAR	AA Co Md
	30M REV 168	M	Cully F. H.	V37 Patapses (	well -	DALUL 26	1968 Polis	

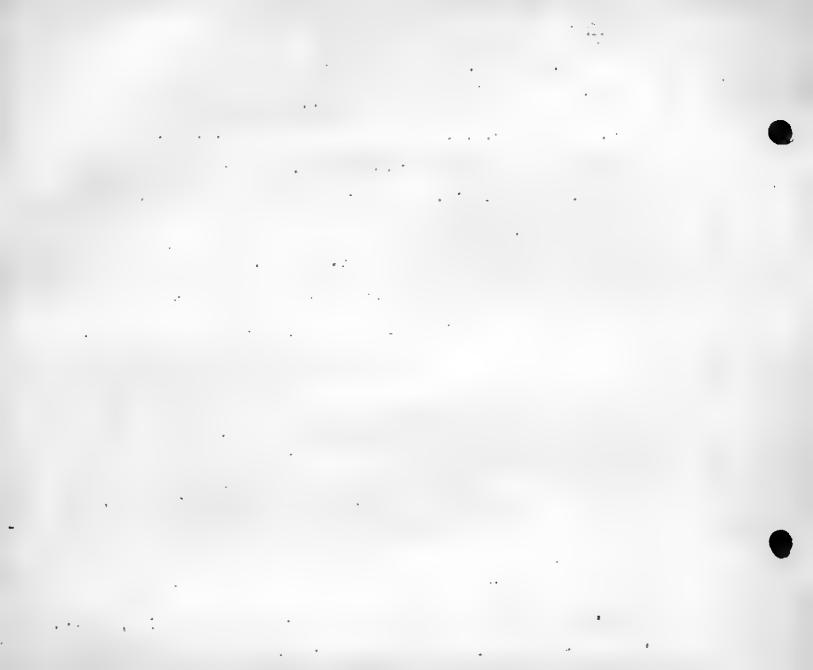


1	1	MARYLAND STATE DEPARTMENT OF HEALTH	
FOR CTATE		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	0446
PENITH DEST	1.0	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
TICALITY UTTI.		Type or Print)	Doy Year 2b HOUR
is 5 %	2.5	SERIE MAILE	14 168 19 M
2	3 S	fact bythermal MAMINE DAYS MAINS MAIN	2d HOUR
ny de PM3 ortm	-		4 Year 68 19 M
ny m PM m PM	(QJ1	BIRTHPLACE (State or foreign 75 CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARR ED 9 COUNTY OF DEATH	
Pages 1, vith form	10.7	Maryland U.S.A. WIDOWED DIVORCED D. P. CO.	Md Md
Per	100	give street oddress) // and a during mast of working life, even if refired.)	12b KIND OF BUSINESS OR INDUSTRY
Give Pong wi	192	US.A. RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d MISTER CITY LIMITS? 13e STREET AND NUMBER	Ice Business
ofter 8. Giv along w th w th		drission) STATE MD 136 COUNTY P 12 CO YES NO 121 3 - Band 20 -	5
N = 11 01 0	14 5	ATHER'S NAME First Middle Lost 15, MOTHER'S MAIDEN NAME First Middle	Janesen Mil.
hours Nem Office I ond 2	14, 1		Last
hin 24 hall in pages hours	160	Cory Slater Estelle  WAS DECEASED EVER IN U. S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS	Leopold
within pencil		(es, no, or unknown) (1/1 yes give war or dates of service)	
Exon File	-	No   /////// 217-07-9491 Mrs. Retty A. Luzier (daughte	APPROX.MATE INTERVAL
xecuted nding" ii Medical permit. It withir		18 CAUSE OF DEATH (Enter only one couse per ne for (a), (b), and (c)) PART 1. DEATH WAS CAUSED BY	BETWEEN ONSET AND DEATH
ding ding		11.29 of IMMEDIATE CAUSE (a) Cuelled Chesine	Judden
be executed "pending" in nief Medical Eansit permit. Fevent within		Onditions, if any, which gove	
Ghi chi		rise to immediate cause (a), (b)	
should be en word "per to the Chief I buriol-transit I in ony even		lost lost	
e sh the to bu		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(c)	
INER: This certificate should be executed within 26 e certificate, writing the word "pending" in pencil in should be forwarded to the Chief Medical Examinately.  Should be used as a buriol-transit permit. File pages ation, or removal, and in any event within 72 hours		4344	
vritif vritii war	CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION	20 AUTOPSY?
for for eme	2	WAS PERFORMED?	YES NO NO
INER: This certificate, writh should be forward files. 3 should be used nation, or removo	ER!	210 EXTERNAL CAUSE WAS 210 TIME OF INJURY Manth, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, II	
ould on,	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M  CAUSE OF DEATH P M 19	
IINER shou shou files. 3 sho	MEC	21d INJURY OCCURRED 21e PLACE OF INJURY (At hame, farm, street 21f .OCATION Street or R F D Na City or Town	Caunty State
EXAMINER: cute the certi oge 4 should r your files. Page 3 shoul I, cremation,		WHILE NOT WHILE COCTORY, office building, etc )	
Pog or )		22a. I <b>certify</b> that I took charge of the remains described above, held an Autapsy , Inspection 🔀, Inquiry D	ond in my ap'nion
se execuentor. Po		death resulted fram: Natural causes R. Accident . Suicide . Hamicide . Undetermined manner	
d rector retained		CHIEF MED CAL EXAMINER	
		SIGNATURE THE ACTUAL SIGNATURE ASS. STANT MED CAL EXAMINER 226 DATE	
EPUTY ssory, funera ay be ay be iNERAL ith pr		EXAMINER'S DEPUTY MEDICAL EXAMINER 7-1	14.68
	L	NAME (Type) L. Liwhardt. ADDRESS(Street, city town, or county)	A.ACB.
TO D The E	23a		(County) (State)
×	_	Burial July 17, 1968 Nichols Bethel Cemetery Odenton, M	
Washing of the same of the sam	24.	FUNCAS PECTOR - SINGLETONDERSNERAL HOME 250 RECD BY REGISTRAR 1000 RECSTER'S	SIGNATURE CONTRACTOR
VR A15ME (5) ** 10M REV 1/68	B	TE MARYLAND DATE JUE 1 1 1900 J	00





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		JUNEO .		DIAI2101	N OF VIT			RESTON STREET, ATE OF DEA		E, MARYLAN	D 21201	0344	9
peral ond 2 death.		eceased NAME ype or print)	Aseı	nath	E.	Middle	S	lost moot	20. [	DATE OF DEATH	nth Dgy	Yeas 68	S P. M.
The furnisher rate of the rate	3. SI	<sup>x</sup> Female	2	4. RACE	Whit	e		S. DATE OF BIRTH	0, 188	lost k	(in years birthday) 87 YRS.	IF UNDER 1 YEAR MONTHS OAYS	F JNDER 24 HRS. HOURS MUN
in by irs. P 2 hou	COU	Md.			OF WHAT C		8. MARRIED WIDOWED	NEVER MARRIED DIVORCED		NTY OF DEATH	٥.		Md
e executed within ond completely filled remove corbon pope in any event, within 77.		Glen Bu	rnie		g ve street		runde:	t Hosp.	ing most of w	PATION (Kind o vorking life, eve nemake 1	f work done in if retired.)	126 KIND OF B INDUSTRY	USINESS OR
law requires that the deoth certificate be executed within nding physician. been signed by the attending physician ond completely fill s the burial-transit permit. Then please remove carbon p ior to burial, crematian, or removol, and in any event, within the purial of the second of	odm	usnar kezidence (Mi	nere deceose	d lived, if i	nstitution I	Residence before		town 13d INSID	NO NO	13e STREET AND 501 (	NUMBER Castle	Drive	
be exe		Sam	uel	D.	<sup>ddle</sup> Smitl			. MOTHER'S MAIDEN N	AME First		Middle	•	Lost
ertificate be physician c nen please novol, and in	160. Y	WAS DECEASED EVER es, no, or unknown)	IN U.S. ARM (If yes give wo	FORCES?	16b.	SOCIAL SECURITY		NFORMANT V. John	M. Sm	100t 40	Address O6 Ste		
leoth certif ending phy mit. Then or removo		18. CAUSE OF DEATH	H (Enter only NAS CAUSED IMMEDIA	one couse BY: E CAUSE (o	per line for	C GLT C	11190	chroise	W.	TARen	o N	BETWEEN ON	ATE INTERVAL SET AND DEATH
equires that the deoth ce physician. signed by the attending burial-transit permit. The burial, crematian, or rem		Conditions, if any, w	hich gove	DUE TO	O, OR AS A	CONSEQUENCE OF	165 C	lenotic	CARDIO	evascu /	v Dis	. yr	5 .
equires that the d physician. signed by the att burial-transit peri burial, crematian,		stating the underlyi	ng couse	(	()()	CONSEQUENCE OF							
w required physical states and signification of the purification o	N.	PART 2. OTHER SIGNI	FICANT CONI	DITIONS CON	NTRIBUTING	TO DEATH BUT I	IOT RELATED TO	THE TERMINAL DISEAS	SE OR CONDITIO	ON GIVEN IN PAR	lT 1(o)		
: The law re- or offending   e hos been s use os the b olth prior to b	CERTIFICATION	190. DATE OF OPERATION	ON 196. C	ONDITION F	OR WHICH O	PERATION WAS P	ERFORMED	20o. AUTOPSY?	NO 🗌	20b. IF YES, WE CAUSES OF DEA	RE FINDINGS CO TH?	NSIDERED IN CE	RTIFYING
PHYSICIAN: The hospital or of this certificate hospital brotoched for use Dept. of Health	MEDICAL CE	210 ACCIDENT WAS OR CONTRIBUTING (If either, notify med	CAUSE OF DEATH	HOUR	P.M.	onth Day Year	9	OW INJURY OCCURRED	•	of injury in Por	† 1 or Port 2, It	em 18.)	
DING PHYSICI by the hospit (fer this certif be detoched Stote Dept. of	W	21d INJURY OCCURR While Not while at work ot work	$\cup$ $\mid$					CATION Street or R.F.		City or Town		County	Stote
Se e e e e e e e e e e e e e e e e e e		220. I certify the saw the decayses state	at (l) (th <del>i</del> : ceased ali ed abave:	ve an (I) (we)	) ottende MOR (did) (did	d the deceas	ed fram 19 <u>G P</u> , an bady after	d that in (my) (ou death.	ر <u>- د ۱۹۵۰</u> <del>د)</del> apinian d	ta <u>Ja / 4</u> leath accurre	d an the dat	e and haur o	(I) (we) last ind fram the
OR ATTENION DIRECTOR: A 3 should be ded with the		226 SIGNATURE	Wen	all		4.2	) DEGI	ATTENDING -	MED. DIRECTOR	STAFF PHYS.	22c D	ATE SIGNED	-S
		22d PHYSICIAN'S NAME (Type)	5.1	. Ye	NAB	CE.J.	R	22e. ADDRESS 72/		NEK R	d - Ba		
TO HOSPITAL Page 4 may TO FUNERAL director, pag		BURAL CREMATION, REMOVAL (Specify) BULLA	23b. D	ATE /8/19	968	Druic	CEMETERY OR	e Cemete	rv	Pikesy	rille.	(County) Balto	(Stote)
VR A 5 4 30M REV. 7 68	24 M	funeral director	Wied	efelo	i Hon	ADDRES		25n R	EC'D BY REGIS	STRAR 2Sb	Clares	GIGNATURE	



	. 1	Item 18 Film 403	8-20-69 arMARYLAN	D STATE DEPARTMENT OF	THE ARE LEADING AND ADDRESS OF THE AREA	
All parties		25000		301 W. PRESTON STREET, BAL ERTIFICATE OF DEATH		
death	death.	1. DECEASED-NAME (Type or print) WILLIA	Middle	Lost SNEED	2a. DATE OF DEATH  7 Month 14 Day 68 Year 19/15	
after after ture fur	s after d	3 SEX MALE	4. RACE CAUCASIAN	S. DATE OF BIRTH 11 AUG 192	6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS	_
4 hours	77 hou	70 BIRTHPLACE (State or foreign country) USA	7b. CITIZEN OF WHAT COUNTRY? USA	8 MARRIED ANEVER MARRIED DIVORCED DIVORCED	9 COUNTY OF DEATH ANNE ARUNDEL	d
within 24		10. CITY OR TOWN OF DEATH ODENTOTI	II NAME OF HOSPITAL OR INS give street address) KINBROUGH AF	MY HOSPITAL	UAL OCCUPATION (Kind of work dane most of working life, even if retired.)  CLERK  12b. KIND OF BUSINESS OR INDUSTRY FORT MEADE	
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be exed	Ē,	14. FATHER'S NAME First William	Middle Lost Sneed	15. MOTHER'S MAIDEN NAME	First Middle Lost Adeline Smith	
inficate hysicial	and )	16a. WAS DECEASED EVER IN L 5 ARM Yes, go or unknown) (1 yes give w	ED FORCES? If produtes of service)  Korean 427-20-90		Address 516 Prince Charles Ave	
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O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by director, pages 3 shauld be detached far use as the burial-transpired to the statement of the sta	shauld be filled with the State Dept. of Health prior to	at work at work  22a. I certify that (I) (this saw the deceased at causes stated above  22b SIGNATURE  22d. PHYSICIAN'S NAME (Type)  230. BURIAL (REMATION 23b. D	s hospital) attended the decease ive an	ed fram 17 Vul , 19 9, and that in (my) ( <del>our)</del> op bady after death.	pinian death accurred an the date and haur and fram the distance of the pinian death accurred and the date and haur and fram the distance of the pinian death accurred and the date and haur and fram the distance of the pinian death accurred and the date and haur and fram the pinian death accurred an the date and haur and fram the pinian death accurred an the date and haur and fram the pinian death accurred an the date and haur and fram the pinian death accurred an the date and haur and fram the pinian death accurred an the date and haur and fram the pinian death accurred an the date and haur and fram the date	ist ie
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		3342	DIVISIO	N OF VITAL RECORDS	, 301 W. PI CERTIFIC	RESTON STREET, BAI CATE OF DEATH	.TIMORE, M	ARYLAND 21201	00450	
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3.	. SEX		4. RACE			5 DATE OF BIRTH		6. AGE (In years lost birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS.
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		rownsville		give street address) Crownsville	State	Hospital "		ng life, even if retired. Dene		
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- ['	Ye	s, no, ar unknown) (If yes give	Mat or pages of sec					Address		_
F	<b>—</b> "	nknown				Hospital Rec	ords, (	Crownsvill	e Maryl	and MATE INTERVAL
П	1	<ol> <li>CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUST</li> </ol>	only one cause ED BY.						BETWEEN	ONSET AND DEATH
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	$\pm$	rise ta immediate couse (a)	1)	) Moderate s ), OR AS A CONSEQUENCE O		g both legs.				
		stating the underlying cause	2001	), OK AS A CONSEQUENCE O						
П	- 13	PART 2 OTHER SIGNIFICANT (	ina skoltidko	TRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMINAL DISEASE O	R CONDITION GI	VEN IN PART 1(a)		
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				OR WHICH OPERATION WAS F	PERFORMED	20g AUTOPSY?	20b.	IF YES, WERE FINDING	S CONSIDERED IN (	ERTIFYING
	CERTIFICATION					YES - NO [	CAU:	SES OF DEATH?	j.	
		To. ACCIDENT WAS UNDERLY		IME OF INJURY	21c. H	OW INJURY OCCURRED (En		jury in Part 1 or Part	2, Item 18.)	
	MEDICAL	OR CONTRIBUTING CAUSE OF DE	ATH HOUR	0.11	r 19					
3	¥ .		e PLACE OF IN	JURY (AT HOME, FARM, STREET F OFFICE BUILDING, ETC.	ACTORY.) 21f. LC	OCATION Street or R.F.D. I	√o. C	ity or Town	County	Stote
1		220. I certify that (1) (1 sow the deceased	his hospito	) attended the decea	sed from 1	2/1, 19	6, to_	7/	19 <u>68</u> , tho	t (I) (we) lost
		sow the deceased	alive on	(did) (did not) view the	1968_, and	d that in (my) (aur) a	pinion deotl	h occurred on the	date ond hour	ond from the
1	ŀ	22b. SIGNATURE	ve, (I) (we)	(aia) (aia noi) view ine	ody offer (	deoin.		1 20	c. DATE SIGNED	
1	- [	Was a	onli	5) D. 11	Ge Revolge	ATTENDING D	MED. DIRECTOR	STAFF -	/29/68	
ı		22d. PHYSICIAN'S	CLAA.	D/ 10 1/-	COAP COUNT	22e. ADDRESS	DIRECTOR X	- 11113	129/00	
		MARIE (Time)	les R.	Venter. M.I	),		le Sta	te Hospita	l, Maryl	and
2	3a		. DATE	23c. NAME O	F CEMETERY OR			TION (City or Town) /	(County)	(Stote)
	1	BURIAL, CREMATION, 23b		1-68 BAL	tons	VILLE	Fre	donick	- Fred	Md.
_		UNERAL DIRECTOR	-111.	ADDRES		2So REC'D	BY REGISTRAR	2Sb. REGISTRAI	R'S SIGNATURE	169
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MARYLAND STATE DEPARTMENT OF HEALTH

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7		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	51
* FOR STATE	I.,	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.		(Type or Print)	oy Year 2b. HOUR
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	3 5	de la constant de la	2d HOUR
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hin 24 nail in naner's pages hours	lòa.	WAS DECEASED EVER IN U.S. ARMED FORCES?  16b SOCIAL SECURITY NO. 17 INFORMANT ADDRESS  Yes, no, or unknown)   (If yes give wor or dates al service)   (1 yes give wor or dates	nd.
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be executed wit "pending" in pe nief Medical Exor onsit permit. File event within 72		18 CAUSE OF DEATH (Enter only one cause per line far (a) (b), and (c).)	APPROXIMATE INTERVAL BETWEEL ONSET AND DEATH
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tCAL EXAMINER: e execute the certicator. Poge 4 should ed for your files. ECTOR: Poge 3 should burial, cremation,		AT WORK AT WORK	
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E de per e		death resulted fram: Natural causes 🔀 , Accident 🔲 , Suicide 🔲 , Hamicide 🔲 , Undetermined monner 🗌	]
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ρ	-	Burial July, 6-1968 St. Harv's Cemetery Annapolis	A Md
VP A15MERGA	Be	EUNERAL D RECTOR 1250 RECTO BY REGISTRAR S SIG	NATURE
TOM REV TOB	Н	opping Funeral Home - Annapolis, Ad.	
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Make

1	. MARYLAND STATE DEPARTMENT OF HEALTH
	107.44 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	DECEASED NAME First Middle ast 20 DATE KNOWN Month Doy Year 26 HOUR
of of	(Type or Print)  MICNOCL. LYNN SprNN DEATH MATED 7 3 1965 PM
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del Garage	lost bioblety) MONTHS DAYS HOURS Mth. Month > Doy 3 Year 6
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ges urs	
thin pog	(Vac no as well-man) 1 (ii)
¥ 6 6 . 5 €	
hin at a la	1B CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c)) PART DEATH WAS CAUSED BY
Ading Medical permit to within	1 MMED ATE (AUSE (a) Menthiple propries
exe and Me t pe	DUE TO, OR AS A CONSEQUENCE OF
be "po".	Conditions, if only, which gove
BE TO TE	rise to immediate cause (a), (D) Storing the underlying couse (DUE TO, OR AS A CONSEQUENCE OF
the true or	lost.
AL EXAMINER: This certificate shauld be executed executed the certificate, writing the ward "pending" in it. Page 4 shauld be forwarded to the Chief Medical 5 for your files.  FOR: Page 3 shauld be used as a burial-transit permit virial, cremation, ar removal, and in any event within	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE OR CONDITION GIVEN IN PART 1(a)
reat ng ded ded	
rriffi vard val	19d. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO  21b. EXTERNAL CAUSE WAS 21b. TIME OF NURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of source in page 1. or Part 2. Item 18.)
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INER: This certine certificate, writ should be forwar files. 3 shauld be used action, ar remova	YES NO
ad be be compared to the compa	210. EXTERNAL CAUSE WAS 21b TIME OF NJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)  PRIMARY OR CONTRIBUTING HOUR AM.
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MIN the the 1 st 1 st 1 st 2 st 3 st 3 st 3 st 3 st 4 st 4 st 4 st 4	21d NJURY OCCURRED 21e P.ACE OF INJJRY (At hame, farm street, 21f LOCATION Street at R.F.D. No. (sty or Town County State
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DEPUT:  Scessary, please execute the cert of funeral directar. Page 4 shault may be retained far yaur files.  FUNERAL DIRECTOR: Page 3 shault eath prior to burial, cremation.	220. I certify that I took charge of the remains described above, held an Autopsy , Inspection H, Inquiry H, and in my opinion
CAI defe	death resulted from: Natural causes , Accident , Suicide , Hamicide , Undetermined manner
ase direct rect in the troop in	
diji Or or or	ACTUAL CHIEF MEDICAL EXAMINER 22b, DATE SIGNED
RAIL PALL	SIGNATURE MD ASSISTANT MEDICAL CAMBRICA
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5 5 4 v 5 4	BURIAY (REMATION, 236 DATE 230 NAME OF CEMETERY OR (REMATORY 23d LOCATION (C ty or Town) (County) (Stote)
	BUTIAL TUTO, THE MOCKAIL SECTION SECTION SECTION
	24 FUNERAL DIRECTOR Charles THELLE ADDRESS 250. REC'D BY REGISTRAR'S SIGNATURE /
VR A15ME (5) 10M REV. 1768	Hopping Funeral Hone ANNAROLIS, md. DANUL - 8 1968 Poliarles Judge



1		MARYLAND STATE DEPARTMENT OF HEALTH  DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	,3458
ī	DE	CEASED NAME First Middle Last 20 DATE KNOWNED IN	Ionth Day Year 2b HOUR
ı	(1	OF ESTI- DEATH MATED	7 3 K.S. PM
3	S SE	4 RACE S DATE OF BIRTH 6 AGE (In years IF UNDRY 1 YEAR IF UNDRY 24 HRS 2c. DATE PRONOUNCED DE	AD 2d HOUR
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16	6a. V	AS DECEASED EVER IN U.S. ARMED FORCES? LAB SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	U III
	(¥e	s, no, or unknown) (Hyes give wor or dates of service) NOHE SAIN Broughton Bridge	ton, New Jersey
	T	18. CAUSE OF DEATH (Enler only one cause per line for (a), (b) and (c))	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
l		PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Mullips le Influers	activity most and death
	1	199 DUE TO, OR AS A CONSEQUENCE OF	40 mars
ı		Conditions, if any, which gave ) rise to immediate cause (a), (b)	
	- [	stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
L	- 1	(c)	
L	-	ART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
10	5	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION	20 AUTOPSY?
V 3121	<u> </u>	WAS PERFORMED?	YES IN NO DEC
MEDICAL CERTIFICATION	¥	210. EXTERNAL CAUSE WAS 21b. TIME OF IN, URY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 ar Pa	
DICAL	3	PRIMARY OF CONTRIBUTING HOUR AM 7-3 1968 authority	
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		AT WORK D AT WORK D Heghway Rule Do	naca 40
		22a. I certify that I taak charge of the remains described above, held an Autopsy, Inspection	ry 💢 and in my apınıan
		death resulted fram Hotural causes [], Accident [X], Suicide [], Homicide [], Undetermined ma	nner 🗌
	1	ACTUAL CHIEF MEDICAL EXAMINER	
L	1	SIGNATUREM.D ASS STANT MEDICAL EXAMINER 226	DATE SIGNED
L		EXAMINER'S NAME (Type)  E. LIN BARELLI, DEPUTY MEDICAL EXAMINER ADDRESS(Street, city, town, or county)	BACO \
13	730		
4-	6 7	BUR AL CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (CITY OF TOWN)  TO TA 2  23d LOCAT ON (CITY OF TOWN)  TO CASE HAVE   Telfair Gq,	
1		UNERAL DIRECTOR Charles 7. BORO . ADDRESS 250. REC'D BY REGISTRAR 250 REGIST	RAR'S SIGNATURE
	4	Charles F. BellJr. down Address and DULL - 8 1968 Police	erla Judge



_	MARYLAND STATE DEPARTMENT OF HEALTH
1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	CERTIFICATE OF DEATH
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D of Est	MIDOWED DIVORCED WILL MAKE MIDOWED DIVORCED Md.
requires that the death certificate be executed within 24 hours g physician.  In signed by the attending physician and completely fille fringes e burial-transit permit. Then please remove carbon pa ers. The a burial, cremation, or removal, and in any event, within 72 heers	TOTAL TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (Is not in haspital place of during host of working life; even if retired)  12 NAME OF HOSPITAL OR INSTITUTION (Is not in haspital during host of working life; even if retired)  13 NAME OF HOSPITAL OR INSTITUTION (Is not in haspital during host of working life; even if retired)  14 NAME OF HOSPITAL OR INSTITUTION (Is not in haspital during host of working life; even if retired)  15 NAME OF HOSPITAL OR INSTITUTION (Is not in haspital during host of working life; even if retired)
eruted cample ave ca	DSUAL RESIDENCE (Where deceased lived, if institution Residence before 130 CIV OR TOWN 13d INSIDE (IN .IMITS? 13g STREET AND NUMBER 13b. COUNTY 13b. COUNTY 13c STATE) 13c STATE NO 128 Best act 128.
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nificate hysicial n pleas val, and	WAS DECEASED EVER IN U.S. ARMED FORCES?  (I' yes give war or dates of service)  (I' yes give war or dates of service)  (I' yes give war or dates of service)
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ING by th ter t	220. I certify that (I) (this haspital) attended the deceased from 19 to 19 that (I) (we) just
ATTENDING etained by th CTOR: After i should be d iith the State	sow the deceased alive on19, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.
OR ATTEND be retained DIRECTOR: A ge 3 should led with the !	22b SIGNATURE  DEGREE PHYS  DEGREE PHYS  MED. STAFF   22c DATE SIGNED   7-12-6 V
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HOSP 3e 4 3e 4 UNE ector auld	BURIAL CREMATION, 23b. DATE 23c, NAME OF CEMETERY OR CREMATORY / 22d JOCATON (City of Town) (County) 1/210/6/1/
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VR A15 (4) 30M REV 1/68	FUNERAL DIRECTOR*  ADDRESS  DATE  250, REG D BY REGISTRAR S. G. GNATURE  DATE  DATE  1



	MARYLAND STATE DEPARTMENT OF HEALTH  DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  3455	
EOD CTATE A	THE RECORDS, SOT W. PRESIDIT STREET, DAELIHORE, MARTEMED 21201	
HEALTH DEPT	MEDICAL EXAMINER'S CERTIFICATE OF DEATH ASN 33-181-333	
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t within 24 in pencl in Exominer's File poges 172 hours	16a, WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes, no. or unknown) ("Fyes grey prior of one sof service)  220-03-6273 VELMA M. STAPEORD. AS A ROLLE.	
Exor Exor File	THATA II. STATION AS ABOVE	
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY.	
ld be executed rid "pending" in Chief Medical I tronsit permit in veent within	IMMEDIATE CAUSE (a)	ne
F Send of the send	DUE TO, OR AS A CONSEQUENCE OF Cond.tians, if any, which gave	
	rise to immediate couse (a). (b)	
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0 = 7 =	196 CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? 210 EXTERNA. CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2 Item 18.)	
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EXAMINER: cute the cert oge 4 shoul r your files. Page 3 shoul I, cremation	AT WORK I IT WORK I If OS prife to ware to	MO
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E de la company	death resulted from Maturas causes , Accident , Suicide , Hamicide , Undefermined manner	
please I directine retoine or to the	CHIEF MEDICAL EXAMINER	
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.0	BURTAL 7/5/1968 BALTIMORE NATIONAL BALTIMORE, MD.	
m	24 EMERAL DIRECTOR 256 REG STRAR'S SIGNATURE	
VR A15ME 19 7 "	W. BROOKS BRADLEY, DUNDALK, MD.   Style - 3 1968   Scharles Judge	



1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09456
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de other de other		CEASED-NAME First Middle Cost 20 DATE OF DEATH Day Yeor 7 PWM
	3 SI	4. RACE  5. DATE OF BIRTH  6 AGE (In years In June 1 year in June 24 Mes. I was birthay)  7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7
haum 4 haum	70 cou	BIRTHPLACE (Stote or forgin) 76 (ITIZEN OF WHAT COUNTRY?  A WIDOWED DIVORCED 9. COUNTY OF DEATH  WIDOWED DIVORCED Md.
orthin 2 iy filled on bap within	10. (	IT! NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.)  TI. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.)  The latest the during most of working life, even if retired.)  The latest the during most of working life, even if retired.)  The latest the during most of working life, even if retired.)
ecuted wit campletely ave carbai y event, w		USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Anne Arundel Friendship (ES) NO X
be exected and containing in any	14.	ATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle Last Pauline Leidger
uficate hysician pleasi al, and		WAS DECEASED EVER IN US ARMED FORCES? es, no, or unknown)  Address 214-03-2251  Mr. Emil P. Walke Friendship, Md. 20758
D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs Page 4 may be retained by the haspital ar attending physician.  Funeral Director. After this certificate has been signed by the attending physician and campletely filled in by director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye carban page and the State Dept. af Health prior to burial, cremation, ar remayal, and in any event, within 72 has a state of the state Dept.		18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c))  PART 1. DEATH WAS CAUSED BY  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF
equires that the physician. signed by the a burial-transit pe burial, crematia		Canditions, if ony, which gove nse to immediate couse (o), stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
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The faw attending has been seen as the prior	CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? YES NO CAUSES OF DEATH?
ICIAN: pital ar rtificate d far u af Heal	MEDICAL CES	210 ACCIDENT WAS UNDERLYING   216 TIME OF INJURY   216 HOW INJURY OCCURRED (Enter noture of injury in Part 3 or Port 2, Item 18.)  HOUR A.M. Month Doy Year   P.M.   19
phys the has this ce detache e Dept.	W	21d INJURY OCCURRED While Not while at work 2 1e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY, ) 21f LOCATION Street or R.F.D. Na. City or Town County State
TO HOSPITAL OR ATTENDING PHYSICIAN: The Faw requires the Page 4 may be retained by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-transmould be filed with the State Dept. af Health prior ta burial, creating the prior tabulary.		220 I certify that (I) (this hospital) attended the deceased from 19, ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) and (did not) view the body after death.
DIRECTOR AT She are a she a she ied with		226 SIGNATURE ATTENDING MED STAFF 7-5-68.
4 may NERAL Tar, pa	L	NAME (Ayor) Robert B. HAHN P.O. Box 73 Severna Porkut
TO HO		BURIAL CREMATON, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)  BURYAL (Septify) 7/9/68 Cedar Hill Ritchie Hwy Anne Arundel Co  FUNERAL DIRECTOR 25d RECTO BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
30M REV 1768	24.	FUNERAL DIRECTOR  ADDRESS  250. REGISTRAR 250. REGISTRAR'S SIGNATURE  PM C Cully F. H-237 Patapaco Ave. 21225 MIL - 9. 1868  Clearles Judge



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 JA 157 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle Last 2a. DATE OF DEATH 2b. HOUR deoth. executed within 24 haurs after death and (Type or print) funeral EANNETT 4. RACE 3. SEX S DATE OF BIRTH 6 AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS Pages. last-birthday) MONTHS DAYS HOLRS 3-7-1899 YRS. 100 completely filled in by 7a. BIRTHPLACE (State or fareign 76 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED MEVER MARRIED country) popers WIDOWED [ DIVORCED TO FUNERAL DIRECTOR: After this certificate has been signed by the attending hysician and completely filled i director, page 3 should be detached far use os the burial-transit permit. Then please remove carbon paper should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 10 GITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a LSUAL OCCUPATION 12b KIND OF BUSINESS OR address) during most of working life, evenuf retired) 13e STREET AND NUMBER 13a USUAL RESIDENCE (Where deceased lived if institutions Residence before 13d. INSIDE CITY LIMITS? CITY OR TOWN admission) STATE 13b. COUNTY 14 FATHER'S NAME Middle IS MOTHER'S MAIDEN NAME First First Lost requires that the death certificate 160 WAS DECEASED EVER IN US ARMED FORCES? 16b. SOCIAL SECURITY NO. INFORMANT Address Yes, na, or unknown) ARRIC 18. CAUSE OF DEATH (Enter only one couse per time for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospitol or attending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 중 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 20a. AUTOPSY? 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES 🗌 MO [ 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, ) 21f. LOCATION Street or R.F.D. No. City or Town State County While Nat while at wark <sup>L</sup> at wark 22a. I certify that (I) (this hospital) attended the deceased from 1966, 19 19 ond that in (my) (our) opinion deoth occurred on the date and hour and from the saw the deceased alive oncauses stated above, (1) (we) (did) (did not) view the bady ofter death. 226 SIGNATURE 22c. DATE SIGNED MED. DIRECTOR ATTENDING PHYS STAFF PHYS. DEGREE PHYSICIAN'S 22e ADDRESS 22d NAME (Type) BURIAL, CREMATION, 23b DATE LOCATION (City or Town) NAME OF CEMETERY OR CREMATOR (County) (State) 2Sb. REGISTRAR'S SIGNATURE 24.4 FUNERAL DIRECTOR DATE JUL 30 1968

MARYLAND STATE DEPARTMENT OF HEALTH



			MARYLAN	D STATE DEPARTMENT OF	HEALTH	
1		****	DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET, BALL	IIMORE, MARYLAND 21201	11150
UK (		6-6-36		CERTIFICATE OF DEATH		33458
4 - 24		CEASED NAME First	Middle	Lost	2a. DATE OF DEATH	2b. HOUR P
den	(	ype or print)	Emelia	STEVENS	July 3 Doy	1968 8:10 M
fur fer fer	3 SE	X	4. RACE	S DATE OF BIRTH	6 AGE (in years	IF UNDER 1 YEAR IF UNDER 24 HRS
s aft the ages rs aft		Female	White	Feb. 12, 18	lost hirthday) 78 YRS	MONTHS DAYS HOURS MIN
haurs after h by the fu s. Pages 1 haurs after	70. 1	SIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8 MARRIED [X] NEVER MARRIED [	9 COUNTY OF DEATH	
d h d h d h d h		<sup>ity)</sup> Ma <b>ryland</b>	U.S.	WIDOWED DIVORCED	Anne Arundel	bM Md
AN: The law requires that the death certificate be executed trubing 24 haurs after death all or attending physician. It is not to be a completely attended by the attending physician and campletely attended to the funeral for use as the livial-transit permit. Then please remove carban papers. Pages 1 and 2 lealth priar to burial, cremation, or removal, and in any event, within 72 haurs after death.	10. 0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR IN: give street address)	STITUTION (If not in hospital 12a USU	AL OCCUPATION (Kind of work done	12b KIND OF BUSINESS OR INDUSTRY
eely this	_	Annapolis	Anne Arundel	Gen. Hosp.	rost of work no ife, even il talifed)	POME
cample tove car	130. admi	USUAL RESIDENCE (Where deceos ssion) STATE Maryland	ed lived, if institution: Residence before 13b. COUNTY Anne Arundel	Annapolis  YES	13e. STREET AND NUMBER  54 Madison F	77300
can can		Maryland ATHER S NAME First		15 MOTHER'S MAIDEN NAME	7,	
and rem	14. 1	ATTERS NAME PIST	Middle Lost			last
te b ian ian ind i	16a.	WAS DECEASED EVER IN U.S. ARN	RED FORCES? 16b. SOCIAL SECURITY	NO. 17. INFORMANT	STINE LIA	UDEN.BORN
PHYSICIAN: The law requires that the death certificate be executed e haspital ar attending physician. his certificate has been signed by the attending physician and campile stacked far use as the lluvial-transit permit. Then please remove ca Dept. of llealth priar to burial, cremation, or removal, and in any event	Y	es, no, o negown) (1 yes give w	ar or dates of service)	-J. FRANKLIN	STEVENS JE	# 13
cert g pt fher mov		18. CAUSE OF DEATH (Enter on	ly one cause per tine far (a), (b), and (c).		0,000,000	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ath adin	1	PART I, DEATH WAS CAUSES		ardial infarction		3 days
after after an, o		4109	DUE TO, OR AS A CONSEQUENCE OF			
the office of th		Conditions, if any, which gove	(h) Arterioscle	erosis		many years
that by 1 rans		rise to immediate cause (o), ( stating the underlying cause (	DUE TO, OR AS A CONSEQUENCE OF			
res sicio ned ial-t		last /	(c) — — — —			
equi phy sign buri				OT RELATED TO THE TERMINAL DISEASE OR		
ding ding een the	l s			heart failure, me	tastatic breast ca	arcinoma
The law requires attending physici has been signed se as the llurial-th priar to burial, of	CERTIFICATION	19a DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PE		20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
to a de he	EXTE	210. ACCIDENT WAS UNDERLYIN	G 21b. TIME OF INJURY	YES NO D	er nature of injury in Part 1 ar Part 2,	Jane 19 1
IAN ficat far far	3	OR CONTRIBUTING CAUSE OF DEAT	H HOUR A.M. Month Day Year	ZIE. HOW INJURY OCCURRED (ENT	er nature of injury in Part 1 ar Part 2,	item to.j
rspit spit certi red t. of		(If either, notify medical examination in the state of th	ner) P.M. 11		c City or Town	County State
PHY e ho his o Itacl Dep		21d. INJURY OCCURRED 21e While Not while of work	OFFICE BUILDING, ETC	TORY.) 21f LOCATION Street or R F.D. N	city of town	county
NG y th er t e dil		22a. I certify that (I) (th	is hospital) attended the deceas	ed-from July 1967.19	. to 3 July . 19	68 , that (1) xisvat last
NDI NDI ed b		sow the deceased o	ive an 3 July	ed from July 1967, 19 968, and that in (my) (1944)	inian death occurred an the do	te and hour ond from the
TITE Saine		22b SIGNATURE	, (I) (see) (did) (diskoust) view the	body after deoth.	100.	DATE SIGNED
REC 3 seld will		22D. SIGNATURE	00 11/2	DEGREE PHYS.	MED STATE CIM	July 1968
V be y be general filed		22d. PHYSICIAN'S	and the same	22e. ADDRESS	DIRECTOR CO PAIS. CO J	Buly 1900
PIT/ mg ERA		NAME (Type) Char.	les W. Kinzer, M.D	. 16 Murra	y Ave., Annapolis	, Md.
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld le datached far use as the laurial-transitional leftled with the State Dept. of lealth priar to burial, created.	230	BUR AL, CREMAT ON, 23b. I	DATE, 23c NAME OF	CFMEJERY OR CREMATORY	23d OCATION (City or Town)	(State)
55.5 F	0-	REMOVAL (Specify) 7	-6-68 St.	MARYS	HUNAPOLIS	H.H. MD-
VR A SEA	24	FUNERAL DIRECTOR	ADDRESS	1. The 1 250 REC'D	BY REGISTRAR 256 REG STRAR'S	SIGNATURE
30M REV. 1/188	A	Thu 11. 4/97	at sous Unner	obs, mao sul-	8 1968 Scharle	Judge



11	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	250					
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	459					
HEALTH DEDT	1 [	DECEASED NAME First Middle Lost O 20 DATE KNOWN Month Day	y Year 2b HOUR					
2, and 3 to PM3. Page triment of partment	(	(Type or Print) John T Stiets Ear Let OF ESTI- DEATH MATED BY 730	1100					
delay md 3 1 33. Pag	3 9	SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR F JAMER 24 HRS 2C DATE PRONOUNCED DEAD	2d HOUR					
ond ond M3.		M) 11-8-1904 (3 YRS DAYS HOULD MIN Month Day	Year 196 85 20 M					
E 4, C &	4	BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH						
( 1 mg ( 2 mg )	Country) Maryland U.S.A. WIDOWED DIVORCED X anne arundel MI							
after deoth B. Give Page along with f with the Stat	10.	10. CITY OR TOWN OF STATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital during roost of working life, even if refired.)  12. USUAL OCCUPATION (Kind of work dane during roost of working life, even if refired.)  12. INDUSTRY						
ive P ig wi	E	J. OUT - 1 TELLECT	2311(1					
		The state of the s	rect					
24 hours in Item 18 r's Office es 1 and 2	14.	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Last					
24   In 15 C	L	George Stierstorfer Mary Hoffman						
be executed within 24 "pending in pencil in itel Medical Xaminer's ansit permit, inc. pages event within 72 hours		WAS ECEASED EVER IN U.S. ARMED FORCES?  (Yes no, or unknown) (If yes gove wor or detas of service) Yes WW II   16b SOCIAL SECURITY NO 217-03-2698   Mr. David P. Anderson, 1219 Popla:	r Ave. 21227					
9 5 2		18 CAUSE OF DEATH (Enter on y one cause per line far (a), (b), and (c))	APPROX,MATE INTERVAL BETWEEN ONSET AND DEATH					
Medica Medica		IMMEDIATE CAUSE (a) CONTENT OF CO						
pending "pending nief Medic ansit perm		Conditions, if ony, which gave )						
Chij		nse to immediate couse (a), (b)						
should be e ne word "per a the Chief ( burial-transit)	stating the under ying couse Dut ID, OK AS A CONSEQUENCE OF							
ertificate sh writing the rwarded to 1 sed as a bui laval, and in		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)						
ifica fing rrder al, a	×	4221						
This certificate should cote, writing the ward be farwarded to the Ch i be used as a burial-troop or remayal, and in any	CERTIFICATION	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?					
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無事 끝입		21a. EXTERNA. CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A M. P.M. 19	18.)					
INER e cer shoul files. 3 sho	MEDICAL	21d INJURY OCCURRED   2.e. PLACE OF INJURY (At home, form, street,   21f LOCATION Street or R.F.D. No.   City or Town   C	County State					
EXAMINER: tute the certing age 4 shauld your files. Page 3 shauld, cremation,		WHILE NOT WHILE AT WORK AT WORK AT WORK						
		220   certify that I took charge of the remains described above, held on Autopsy , Inspection Inquiry ,	ond in my opinion					
deoth sesulted from: Notural causes Accident , Suicide , Homicide , Undetermined monner								
please e director retained.		ACTUAL MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CASE DATE SIGN						
TTY ple eral di be reti Di RAL Di prior		SIGNATURE	IED / d					
o DEPUTY SICA necessory, please extra function of the funeral director. S may be retained o FUNERAL DIRECTOR Health prior to built		EXAMINER'S NAME (Type) WETNET & Spitz DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL E	. <del></del>					
5 a # 2 5 H	230	REMOVA (Specify)	unty) (State)					
r.C	_	BURIAL 8-5-1968 Meadowridge Cemetery Howard County, Ma						
VR ATSME (5)		Funeral Director  Howard H. Hubbard, 4107 Wilkens Ave. 21229  Address Ave. 21229  Date AUG 5 1968						

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MAKYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 173 1/2 1/3 1/4 CERTIFICATE OF DEATH 1 DECEASED-NAME First Middle Last 2b. HOUR 20. DATE OF DEATH (Type or print) FELIX Month 19 Dog 968Year STONE JULY 2:05 ond completely filled in by the for remove carbon popers. Poges 1 in ony event, within 72 hours after 4. RACE 3. SEX S DATE OF BIRTH 6 AGF (In years F UNDER 1 YEAR IF JINDER 24 HRS last birthday) DAYS requires that the death certificate be executed within 24 hours aft Male White HOURS March 21,1898 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED THENEVER MARRIED THE Kentucky Anne Arundel USA WIDOWED | DIVORCED | 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10 CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress)
U.S.Kimbrough Army Hosp during most of working life, even if retired ) **INDUSTRY** Fort George G. Meade Serviceman (retired) U.S. Army 13a. USUAL RESIDENCE (Where deceased lived, if institution, Residence before, 113c CITY OR TOWN 136 INSIDE CITY JUNIOS? 13e. STREET AND NUMBER odmyss on) STATE Mary Land 13h COUNTY Arundel 112 N. Orchard Road YES NO THE Linthicum 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME First Middle First Middle Last Telia Patterson James Calvin Stone 16b. SOCIAL SECURITY NO. 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, no or unknown) 213-28-2135 Mrs.Falix Stone, Same as item # burial, cremation, or remova APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) HYPERCALCEMIC COMA signed by the ottendi burial-tronsit permit. 4 weeks DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove ) (b) METASTATIC CARCINOMA 4 weeks rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by stating the underlying couse 4 weeks (d) CARCINOMA OF LUNG PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 3 shaufd be detoched for use as the with the State Dept. of Health prior ta 19n. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes YES [X] NO [ 21o. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 2)c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town State County While Not while at wark 22a. I certify that 4) (this haspital) attended the deceased from 22 June , 19 58, ta 19 July , 19 68, that \$\$) (we) last saw the deceased alive an 19 July 19 68, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated above, (1) (we) folia) (did not) view the body after death. 22c DATE SIGNED 22b SIGNATURE ATTENDING STAFF 19 July 1968 director, page 3 should be filed v DEGREE DIRECTOR 22e ADDRESS 22d. PHYSICIAN'S NAME (Type) JOSEPH I. KRALL, 1st Lt, MC U.S.KIMBROUGH ARMY HOSP, FT MEADE, MD 250 RECD BY REGISTRAR
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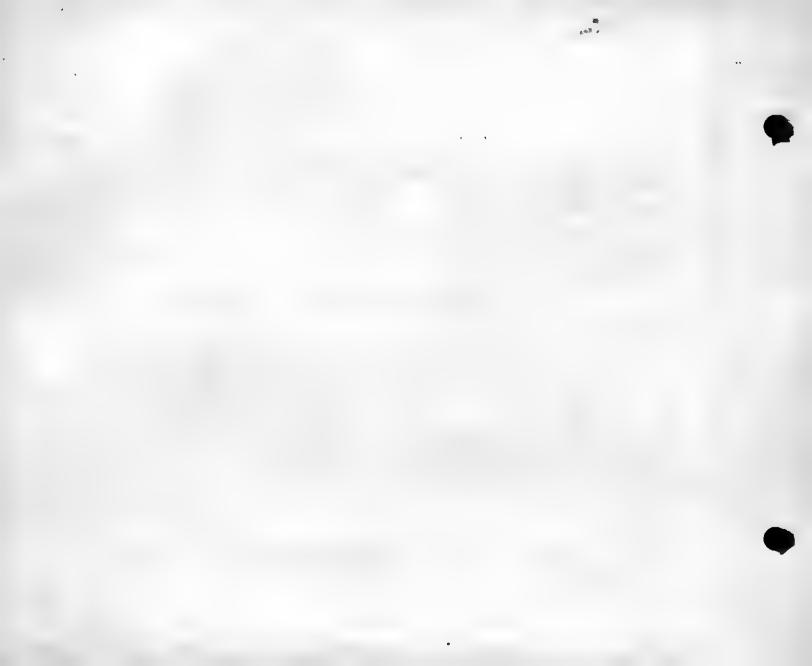
250 REG STRAR'S SIGNAR 23o. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (State) REMOVAL (Specify) 7/23/68 Arlinoton Nat'l Cemetery Singleton Funeral Home 2Sb. REG STRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 30M REV 1/68 Glen Burnie. Md.



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	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201						
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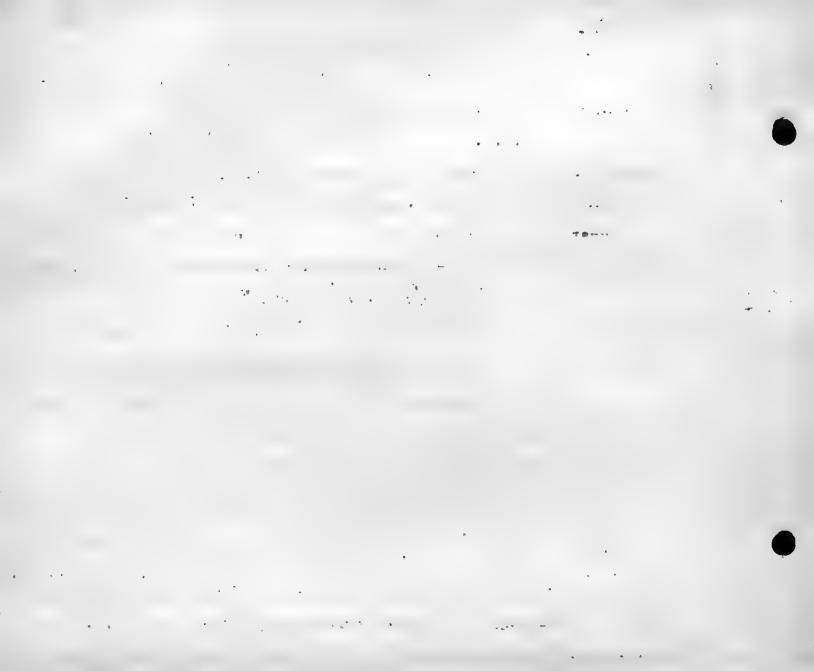
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<b>三</b>	MEDICAL	(If either, notify medical examination	ner) P.M	19					
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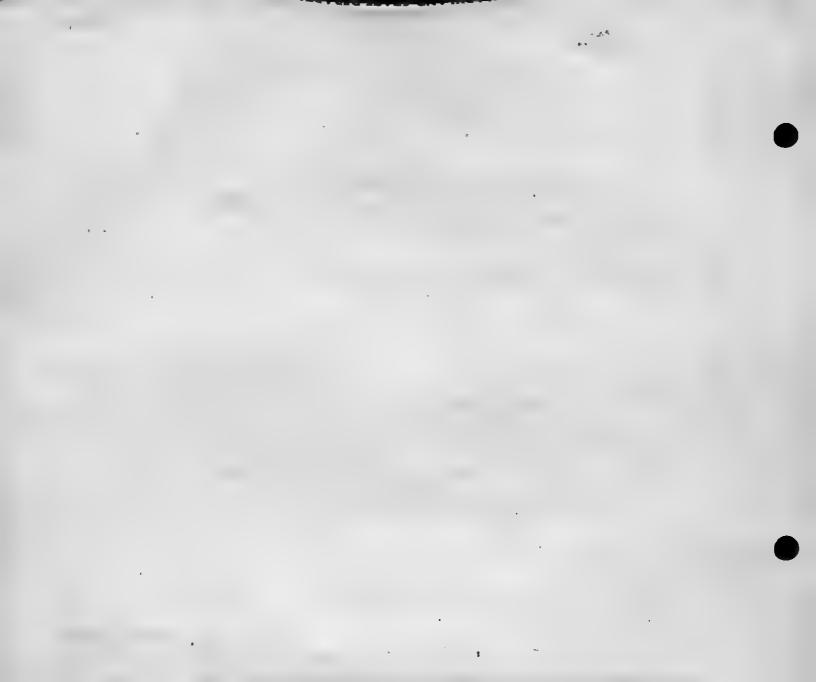
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1206 CERTIFICATE OF DEATH DECEASED NAME Middle Lost 20 DATE OF DEATH 2b. HOUR 24 hours after death (Type or print) JULY Month 15 1958 JOHN LADD TAGGART 8:05Am 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS IF UNDER 1 YEAR HOURS lost birthday) MONTHS ! MALE CAU 19 May 1931 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) WIDOWED [ DIVORCED [ MICHIGAN ANNE ARUNDEL 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10 CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if ret.red.) give street oddress) INDUSTRY FT GEO G MEADE NATIONAL SECURITY AGENCY US GOVT 130 USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c, City OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE MARYLAND 136 COUNTY PRINCE GEO 8611 HAMILION ST HYATTSVILLE YESKI 15. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle Lost Middle TAGGART LAVANGE ARCH Μ. GARY 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address Yes no or unknown) (If yes give war or dates of service) 371-30-8807 Medical & Personnel Records. N.S.A. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) burial, cremation, or rem BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BYIMMEDIATE CAUSE (o) PROBABLE MASSIVE CORONARY 20 min DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) use os the 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔲 № 🗔 director, page 3 should be detached for use should be filed with the State Dept. of Health 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH Month Doy Year (If either, notify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State **DIRECTOR:** After this While Nat while of work 22a. I certify that (I) (this chaspited) attended the deceased frammo prev knowledge to saw the deceased alive an 15 Jul 68 197, and that in (my) tout opinion death accurred an the date and have and from the causes stated abave, (1) (well (did) (did) rot) view the bady after death 22b. SIGNATURE 22c. DATE SIGNED 16 JUL 68 DIRECTOR PHYS. 22d. PHYSICIAN'S 22n. ADDRESS NAME (Type) WARREN G. PREISSER NSA Medical Center, Ft Geo G Meade, Md 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o. BURIAL CREMATION 23b, DATE (County) (Stote) REMOVAL (Specify) Michigan Cement City Cemetery Jackson July 19, 1968 0 ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) Ocharles Judge DATE JUL 19 196B 30M REV 1/68 F. Gasch's Sons Hyattsville.



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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1; MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY Anne Arundle Anne Arundle MARYLAND b. CITY OR TOWN (if outs de corporale limils, E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) write RURAL and give nearest town) Maryland R Yre Dorsey d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE Rt #2 Box 22 Hanover 1.d. ON A FARM? 3ox 22 Hanover Md. YES NO NAME OF Middle Last 4. DATE Year DECEASED OF July 9. 19 68 (Type or print) Milton Taylor DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Male Colored DIVORCED December 8,1882 physician e remove WIDOWED X 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) Anne Arundle Co. Md. U.S.A. Farming ding plant please 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Mary Chancev Taylor 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT (Yas, no, or unkown) | (If yes give war or dates of service) "ary V. Hebron-Rt.2 Box 22-Hanover M 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET, AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) anhras mes Conditions, if any, which gave rise to immediate cause **DUF TO** (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? prior YES NO for 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING | CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20s. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED I 20c. PLACE OF INJURY (Home, farm, 20f. (City or town) 6 factory, street, office bldg., etc.) While Nat While Hour a.m. DIRECTOR: at work at work D. III. 1950, 21. I certify that (I) (this hospital) attended the deceased from. ....., 19....., that (I) (we) last saw the deceased alive on... M, from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE ATTENDING. SIGNED death. Page 4 page With Il HOSPITAL PHYS. DIRECTOR PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS ector, NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF P. g. g REMOVAL (Specify) Saint's Rust Cemeterv Anne Arundle Co. Id. 24 FUNERAL DIRECTOR'S SIGNATURE 25a, REC'D BY REGISTRAR **ADDRESS** Herbert E. Nutter-3035 W. North Ave. VR A1S (%



	1	MARTLAND STATE DEPARTMENT OF HEALTH  OF A CAR DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09469  MEDICAL EXAMINER'S CERTIFICATE OF DEATH
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ICAL E exect tar. Pa ed for CTOR: burnal,		220. I certify that I taak charge of the remains described abave, held an Autopsy 🔲, Inspection 😿, Inquiry 🔀, and in my opinion
Edit de la company de la compa		death resulted from: Natural causes 🔀 , Accident 🔲 , Suicide 🔲 , Homiciae 🔲 , Undetermined manner 🔲
pleose e directar retained DIRECT		CHIEF MEDICAL EXAMINER
y, ple y, ple erel di se ret AL D		ACTUAL  SIGNATURE  M.D. ASSISTANT MED CAL EXAMINER  226 DATE SIGNED  7-19-68
		I EAGMINEK)
ro DEPUTY necessary, F the funeral 5 may be r fo FUNERAL Health price	00	NAME (Type) E. LINGAR OF. ADDRESS(Street city, town, or county) M. M. C.D.
5 g = ~ 5 ±		BURIAL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (County) (Sto e)
Q,	24	FUNERAL DIRECTOR
VR A15ME (SI	24.	O & H. De 44 D. Walls Charles and Colorles and Color
10M REV 1/68		U. G. MICHO, HANDERIS 1001 d DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 3470 35462 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR Ad campletely filled in by the funerary remave carban papers. Pages 1 and 2 n any event, within 72 hours after death (Type or print) Month Doy 1968eor JULY JOHN A. TRIPLETT JR. 03Q5N executed within 24 hours, after 3. SEX 4 RACE S. DATE OF BIRTH 6 AGF (In years IF LINDER 24 HRS January 14. lost b (theay) Cau male 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) U.S. WIDOWED T DIVORCED Anne Arrundel Md. 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital ID CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (Kind of work done during most of working life, even if refired) us kimbrough Army Hosp Ft. Meade MeadowridgeRd 13a USBAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13e STREET AND NUMBER 138 INSIDE CITY LIMITS? admission) STATE Md. Box 305R Rt#4 YES NO Elkridge 14 FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle Middle Last Last 1 riple 17 Mary Virginia Sentz the attending physician can be present. The law requires that the death certificate 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Yes no pr unknown) (If yes give war or dates of service) Brother, Arthur W. Triplett Saucier, Mass ar removal, 215-32-0025 APPROX MAYE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)

PART I DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) Brain BETWEEN ONSET AND DEATH burial-transit permit. DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave) basiler rise ta immediate cause (o), DUE TO, OR AS A CONSEQUENCE O Page 4 may be retained by the hospital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by stoting the underlying couse( PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 be detached for use as the State Dept. of Health priar ta TIBIA and 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Da. AUTOPSY? 2Db IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ NO 🗔 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A M. Month Day Year Motorcycle Accident (If either, natify medical examiner) 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County While Nat while at wark STREET 22a. I certify that (I) (this hospital) attended the deceased from 13 Jul., 1968, to 14 Jul., 1968, that (I) (we) last saw the deceased alive on 14 Jul. 1968, and that in (my) (our) opinion death occurred on the date and haur and from the 3 should be couses stoted aboye, (i) (we) (did) (did not) wew the body after death. 226 SIGNATURE 22c DATE SIGNED ATTENDING director, page should be filed DIRECTOR PHYSICIAN S 22e. ADDRESS US Kimbrough Army Hospital FGCM. MD. 23c. NAME OF CEMETERY OR CREMATORY 23e BURIAL CREMATION 23b DATE 23d LOCATION (City or Town) (County) (State) July 17/68 Meadowridge Mem. Park Elkridge, RFD, Md. SINGLE PORFSS FUNERAL HOMESO, RETO BY REGISTRAR GLEN BURNIE. MARYLAND DATE 111 17 25b. REGISTRAR S SIGNATURE GLEN BURNIE, MARYLAND DATE 111 30M REV 1/68



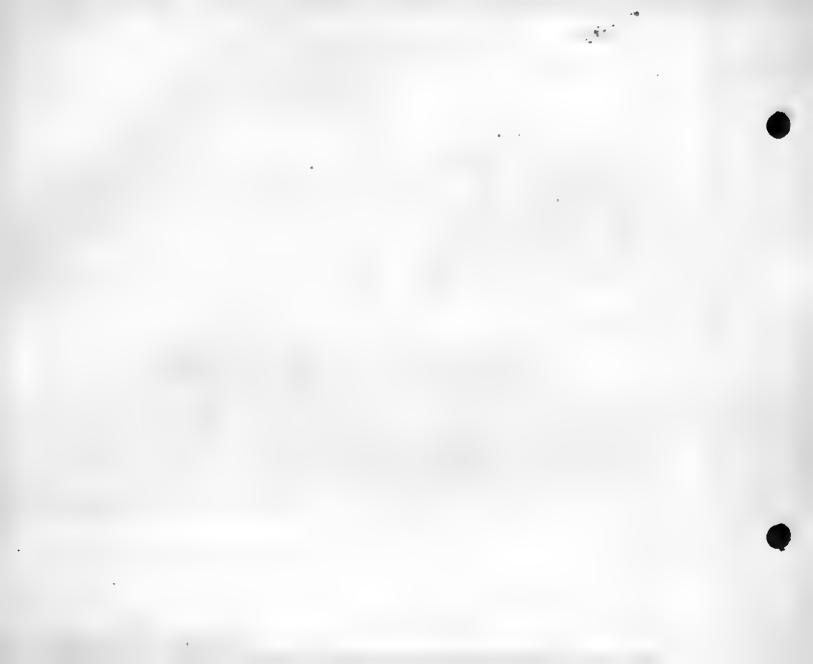
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E _ 2		ECEASED-NAME First	Middle	Lost	2o.	DATE OF DEATH	2b. HOURA
8 8 8	(1	(ype or print) Kirb	y Leon	TWITTY		July 5	1968 6:15 M
	3 SE		4. RACE	S. DATE OF BIRTH	1	6. AGE (In years	IF UNDER 1 YEAR   IF UNDER 24 HRS.
# ## ## ## ## ## ## ## ## ## ## ## ## #		Male	White	Jan. 9,	1908	last birthday) YRS.	MONTHS DAYS HOURS MIN.
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with the with	A	nnapolis	give street oddress) Anne Arundel	Gen. Hops.	during most of v	vorking life, even if retired)	INDUSTRY
e executed with and campletely remove carban any event, with	130	JSUAL RESIDENCE (Where decease	ed lived, if institution. Residence before	13c CITY OR TOWN 3d	INSIDE CITY LIMITS?	13e. STREET AND NUMBER	
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be ex 1 and 1 and 1 in an		George	Twitty		Sally		Plyler
ate iciar eas and	160.	WAS DECEASED EVER IN U.S. ARMI		NO. 17 INFORMANT		Address	
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the of it p atio		Conditions, if any, which gove	W 191191	Roppesulto.	Neal	+ MARCORD _	10 YEARS
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ndir bee s th iar 1	1	190. DATE OF OPERATION 19b. (	CONDITION FOR WHICH OPERAT ON WAS P	ERFORMED 20a, AUTOPSY	17	20b. IF YE, WERE FINDINGS CO	DNSIDERED IN CERTIFYING
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E E E E E E			, (I) (we) (aid) (did not) yiew the	bady after death			
OR ATTENCE OR ATTENCE be retained DIRECTOR: A je 3 should led w th the		22b SIGNATURE		/ ATTENDING	➡ MED	STAFF C	DATE SIGNED
OR be r DIRE	ł	Milla	rast lech	DEGREE PHYS	MED DIRECTOR	PHYS.	3/68
AL AL Page		22d. PHYSICIAN'S NAME (Type)		22e ADDRES		~ ~	(
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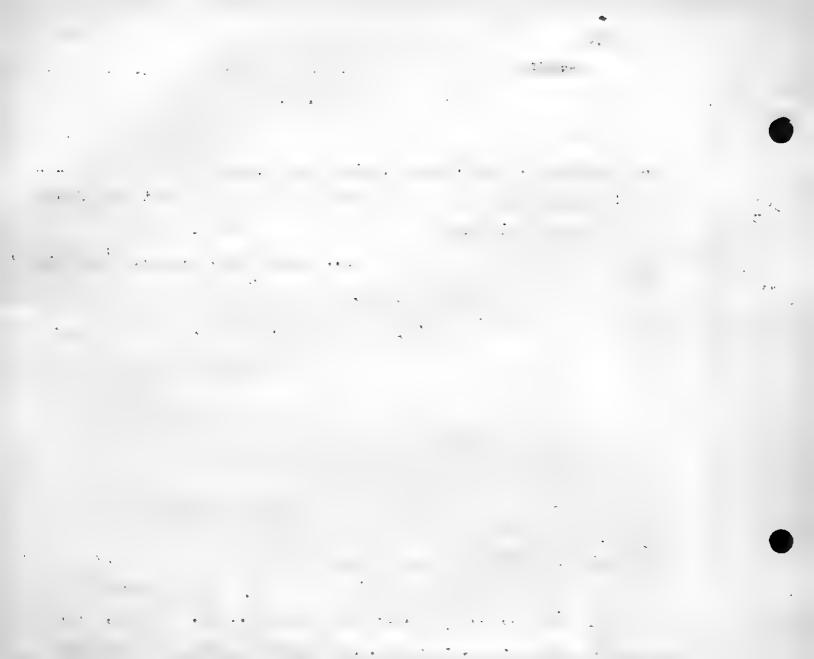
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1		STATE DEPARTMENT OF F		
L	DIVISION OF VITAL RECORDS, 30	RTIFICATE OF DEATH	IMORE, MARYLAND 21201	,0472
	DECEASED NAME First Middle	Last	20. DATE OF DEATH	2b. HQ. (1
	(Type or print) Elizabeth Parker	Tyler	Myathly Day	21 Yea 6 11:00
	Female 4. RAGE Negro	S. DATE OF BIRTH		SE JHOER I YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
7a	BIRMIPLACE (State or foreign   7b CITIZEN OF WHAT COUNTRY?   8	MARRIED NEVER MARRIED	9 COUNTY OF DEATH	
ca		WIDOWED DIVORCED	Anne Arundel	Md.
	Glen Burnie, North Sylvestre Arund	UTION (If not in haspital 12a USUA durifigime	AL OCCUPATION (Kind of work dane of working life even if retired )	126. KIND OF BUSINESS OR INDUSTRY
13d	dr USUAL RESIDENCE (Where deceased lived, if institution Residence before mission) STATE Md.   13b COUNTINE Arunde	3c. CITY OR TOWN 13d. ANSIOE CITY LE	IMITS? 13e. STREET AND NUMBER Box 386	
14	4. FATHER'S NAME First Middle Last	IS. MOTHER'S MAIDEN MAME" F	- 1 Box 500	Last
	Benny Parke	2 GOREPHIA	ul Con	lee
16	od, WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, ar unknown) (h yes give war ar dates of service) 16b SOC AL SECURITY NO	17 INFORMANT	Darken Bo	vie Md
	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) )	7,	<del>,                                      </del>	APPROX MARE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ary Mes u:	50175	2 /22
	DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave	Alexander	10	
	rise to immediate cause (a),( (b)	772er eus	, ar_	
	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF last.			
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE OR C	ONDITION GIVEN IN PART 1(a)	
22				
ATIO	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFO	DRMED 20a AUTOPSY?	20b. IF YES, WERE FINDINGS CO	INSIDERED IN CERTIFYING
THEIC		YES NO 🔀	CAUSES OF DEATH?	
		21c HOW INJURY OCCURRED (Enter	r nature of injury in Part 1 or Part 2, It	tem 18.)
MEDICAL	(If either, natify medical examiner) P.M. 19			
M	While Not while of wark at wark			Caunty State
	22a I certify that (I) (this hospital) attended the deceased saw the deceased alive an 2-2/-2 19	from 7-2/-, 19 C	E, to 7 - 2/, 190	that (I) (we) last
	causes stated above, (I) (we) (did) (did nat) view the ba	, and that in (my) (our) api dv after death.	nian death accurred on the dat	te and hour and tram the
	22b. SIGNATURE		22c. D	DATE SIGNED
	Kolent Oako ling My	DEGREE PHYS D	AED. STAFF DIRECTOR PHYS. D 7-	- <del>2</del> 1- Cf
	22d. PHYSICIAN'S NAME (Type) ROBERT DABOLI	IVS, My YOO CR	AIN Hway Nu	1 gen Danis Kor
23		METERY FOR CREMATORY	23d LOCATON (City or Toxo)	(County) State
Y	15 Mille 7-24-1968 XXIII	MIND	Comonon	Mile
24	A FUNERAL DIRECTOR	DATE JU	2 3 1968 REGISTRAS	S. G. Strange
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	<u>_</u>			CERTIFICATE OF DEATH		30473
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r deat	2.5			VICKERS	July 2,	1968 8:05 PM
the day	3. 5	Female	4 RACE White	Nov. 5, 18	6. AGE (in years last birthday)	IF UNDER 1 YEAR F JANDER 24 HRS MONTHS DAYS HOURS MIN
hours hours	70		b. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9 COUNTY OF DEATH	
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completely filled in 24 h		r. Annapolis, M	11 NAME OF HOSPITAL OR INS		LOCCJPATION (Kind of work dan ast af working life, even if retired DUSOWLFO	
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exe emo ony	14	FATHER S NAME First	Middle Lost	IS. MOTHER'S MAIDEN NAME F		Lost
å ( <u> </u>			Solloway		Charlotte Dav.	is
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V: The law re or attending of the hos been use os the salth prior to	CERTIFICAT			YES NO TE		
AN: The		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216 TIME OF INJURY HOUR A.M. Manth Day Year	21c. HOW INJURY OCCURRED (Enter	noture of injury in Part 1 or Port	2, Item 18.)
SICI Spirit ed at of	MEDICAL	(If either, notify medical examiner	) P.M. 19			
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to	-2:	21d INJURY OCCURRED 21e. PL While Nat white of work	ACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	TORY.) 21f LOCATION Street or R.F.D. No.	City or Town	County State
by 1 fter be o	П	22o. I certify that (I) (this	<del>hospital)</del> attended the decease	id from 12/22-196	5 , to 7 / 2 ,	19 60 , that (1) (we) last
END red red uld the 3	Н	saw the deceased aliv	(I) (we) (did not) wiew the	ond that in (my) (get) opi	nian death occurred an the	date and hour and from the
F S S S S S S S S S S S S S S S S S S S		22b_SIGNATURE	(1) C//	A C	22	2c DATE SIGNED
OR Se re se	П	" Kiplinger !	O. Hackage.	DEGREE PHYS. M	IED. STAFF PHYS.	7/2/68
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TO HOSPITAL OR ATTENU Poge 4 moy be retained TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the	L	NAME (TYPE) Kichai	nd I. Hochman,	m. D. 16 Murya	y Hve, Anna	eous, mox
HO Dge Dge FUN Fun houl	23a	BURIAL, CREMATION, 23b DA		CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
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2	1	MARYLAND STATE DEPARTMENT OF HEALTH	
FOD (7117)		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	3174
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
MEALTH DEPT.		DECEASED-NAME First Middle Lost 20 DATE KNOWN A Month D	Doy Year 2b HOUR
of of of	L'	LAUN K. WADDIA DEATH MATED 7	6 88 DM
D P O	3 5		2d HOUR
ond dell	L	// // // // // // // // // // // // //	Yeor A P
0.5		BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
e D	COU	Maryland USA WIDOWED [] ANNE, ARCINGEL. C.	O Md.
State			26 KIND OF BUSINESS OR
be executed within 24 hours ofter deoth pending" in pencil in Item 18. Give Poges 1, lief Medical Examiner's Office along with formans in permit File poges I ond 2 with the State Devent within 72 hours ofter deoth.	1	Annapolis grestreet addition a Anomal. Tear during most of work pg ife, even if retired) .N	IDUSTRY
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s off		Roy R. Waddill Dorothy A.	Turner
thin 24 morth in miner's pages hours		WAS DECEASED EVER IN U.S. ARMED FORCES? TIGO SOCIAL SECURITY NO 17, INFORMANT ADDRESS	
withi penc xamii jie po 72 h	- 6	Yes, no yor unknown) (If yes give war or dates of service) None Mrs. Dorothy A. Waddill	(Samo)
d wit in pe Exan File n 72		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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be ever		Conditions, if any, which gave	are .
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shady be on the Chief		last.	
ond ii		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM.NAL D SEASE OR CONDITION GIVEN IN PART 1(o)	
ded ded os o		*	
This certifications are, writing to forwarded be used as a removal, or removal, or	Tron	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION	20 AUTOPSY?
for ton eme	E S	WAS PERFORMED?	YES NO R
NNER: This certificat he certificate, writing, should be forworded files.  3 should be used as a notian, or removal, or	CERTIFICATION	210 EXTERNAL CAUSE WAS 216 TIME OF NURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of in Jury) Port 1 or Port Vitem	
NER: To certifice hould be lies. should	¥	PRIMARY FOR CONTRIBUTING HORAM 7/16 19 68 June may morally by	7
MINER, the cert the cert to shoul or files. er 3 sho, ermostan	MED	21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D.No. City or Town	County State
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DEPUTY ecessary, g e funerol may be n FUNERAL eolth price		EXAMINER'S  NAME (Type)  ADDRESS(Street, cty, town or county)	-47.)
O DEPUTY CALCA necessary, please extra function of Function of Functioned of Functione	270		County) (State)
7	230	REMOVAL (Specify)	County) (State)
2	24	FUNERAL DIRECTOR ADDRESS, 250 RECD BY REGISTERS 250 DESTRETE 250 DESTR	GN DIRE
VR ATSME (5)	/	eonard J. Ruck Inc. Balto Md. 21214 JUL 18 1868 July	17.3
10M REV 1/68		Unit	



N 1			DIVISION OF		301 W. PRESTON STRE		MADVIAND 21201	Olive
		20162	DIVISION OF		CERTIFICATE OF D		MARILMAD ZIZUI	A C ( ( )
( de	1. D	ECEASED-NAME First		Middle	lost		E OF DEATH	2b. HOUR
To de	{	Type or print) JOH	N	M.	WAHL		JULY Day	Year 968 1245m
ie ie ie	3. 5	X	4. RACE		5. DATE OF BIRT	Н	6 AGE (in years	IF UNDER 1 YEAR OF UNDER 24 HRS.
th ages 1		MALE		WHITE	DECEMBE	R 21,1905	lost birthday) 62 YRS.	MONTHS DAYS HOURS MIN.
OG OG OG		BIRTHPLACE (State or foreign	7b. CITIZEN OF W	HAT COUNTRY?	B. MARRIED . NEVER MARRI	9. COUNT	Y OF DEATH	
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filled filled thin 77	10.	CITY OR TOWN OF DEATH	11 A	IAME OF HOSPITAL OR INS street andress) NORTH ARUN	TITUTION (If not in hospital		FON (Kind of work done king life even if retired)	126 KIND OF BUSINESS OR
wit rrbar t, wit	120	GLEN BURNIE USUAL RESIDENCE (Where decease				1	king life, even if retired.)	SANITATION DE
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ate ician leas	160	WAS DECEASED EVER IN U.S. ARI	MED FORCES?	16b SOCIAL SECURITY I	NO 17. INFORMANT	<b>.</b>	Address	
ertificate be physician c noval, and i	L	es, never unknown) (If yes give v	var or dates of service)	215-10-98	67 Mrs. Wm.	Langston	123 Marth	na Road
ne death cei attending p permit. The		18. CAUSE OF DEATH (Enter on	ly one couse per i	ine fo/(a), (b), age (c)	1 1 -4	0 -	1. 7.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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he c per jan,		29/0		AS A CONTEQUENCE OF	1	$\cap$ $V$	0 -	1
at the ' the nsit fermation		Conditions, if any, which gave rise to immediate couse (a)	(a)	1 Jegg	1 cecina	ericial	711	Molles
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours aft be retained by the hospital or attending physician.  JIRECTOR: After this certificate has been signed by the attending physician and campletely filled in the sea should be detached for use as the burial-transit permit. Then please remark carbon papers. Pages ed with the State Dept. at Health priar ta burial, crematian, or removal, and in any event, within 72 hours at		stating the underlying couse	(c)	AS A CONSEQUENCE OF	vy 1	Treme	d Viz	day
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YSICIAN: The Ic ospital or atten certificate has b hed for use as	CERTIFICAT	190 DATE OF OPERATION 196	CONDITION FOR WI	HICH OPERATION WAS PE	RFORMED 200 AUTOPS		b. IF YES, WERE FINDINGS CO AUSES OF DEATH?	UNSIDERED IN CERTIFYING
I or cate ar u		210. ACCIDENT WAS UNDERLYING CREATER OF DEAT			21c HOW INJURY OCCUR	RED (Enter nature of	mjury in Port 1 or Port 2, 1	tem 18.)
Pitch Partification of the	MEDICAL	(If either, notify medical exami	ner) P.M.	15				
PHY: the hose this ce detache	*	21a INJURY OCCURRED 21e. While Not while at work of wark	PLACE OF INJURY	( AT HOME FARM, STREET FAC OFFICE BUILDING, ETC	TORY.) 21f LOCATION Street of	or R.F.D. No.	City or Town	County State
by the fifer to be defined by the definition of		22a. I certify that (I) (th	is hospital) att	ended the deceose	ed from 0/34	19.60 ta	1// .19	6}, that (!) (we) lost
ENDI ed b ed b lid b he Si	1	saw the deceased a causes stated abave	live on	7//	9 (c) Y, and that if (my)	(aur) apinion dec	ith occurred on the da	te and haur and from the
ATTA Train T		22b. SIGNATURE	e, (1) (we) (ala)	(did nar) view ine	body after death.		220	DATE STGNED 2
	Н	/	Mer	-ando	DEGREE PHYS	DIRECTOR	STAFF D	7/1/68
HOSPITAL OR ATTEN age 4 may be retained FUNERAL DIRECTOR: irector, page 3 should hould be filed with the		22d. PHYSICIAN'S NAME (Type)	2 <	FRANK	22e. ADDRE		Più Huy 6	les Bur 40
OSP! NER ctar,	22-		DATE	Too. WANE OF	CEMETERY OR CREMATORY	101/0		2104
TO HOSPITAL OR Page 4 may be TO FUNERAL DIRI director, page 3 shauld be filed v	L	BUR A. CREMATION, 23b		58   Glen Ha	even Mem. Pk.	Gler	ATION (City of Town)  Burnie, Mai	•
VR AT THE		funeral director George J. Gonce	Jipon I	ADDRESS Ritchie Hwy		SO REC'D BY REGISTRA		
200			4002 1	derrec rim)	. (crcc)	0 10	00	0



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,	1		DIVISION OF VITAL RECORD	AND STATE DEPARTMENTS		MADVIAND 21201	3 / 10/42	
		1101.60	DIAISION OL ALINE RECORD	CERTIFICATE OF D		MARTLAND 21201	3476	
e (ra		ECEASED-NAME First	) Middle	Last		E OF DEATH		2b HOUR A
after death	(1	Ype or print)	ales	WALLACE		July 3	1968	2:55M
ie in	3 5	Х	4 RACE	S. DATE OF BIRT		6. AGE (In years	IF UNDER YEAR MONTHS DAYS	F UNDER 24 HRS
	<u>L</u>	Female	Negro	July 2		YRS.	MARING DATA	7 40
24 hours		BIRTHPLACE (State or foreign intry)	76. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIE	: Dérier	OF DEATH		
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rhin 24 filled		TITY OR TOWN OF DEATH	give street address)	INSTITUTION (If not in hospital	during most of work	ang life, even if retired.)	12b KIND OF BI	DZIME22 OK
d will letely orbo	130	Annapolis USUAL RES DENCE (Where decease	Anne Arundo sed lived, if institution Residence before	el Gen. Hosp.	Newb	STREET AND NUMBER		
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ond corremon		ATHER'S NAME First	/ Middle / / / yos	IS MODHER'S MAID	EN NAME First	Middle /	7	Lost
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h certificate be ing physician o Then please removol, and ir		WAS DECEASED EVEN IN U.S. ARI	MED FORCES? 16b. SOCIAL SECURI var or dates of service)	TY NO 17 INFORMANT	1011/11	Modress '-	thin.	no
phy ovo	<b>-</b>			J. E. G.	a wa	CHICEXE	APPROX M	ATE INTERVAL
th ce		PART 1. DEATH WAS CAUSE	Ity one couse per line for (a), (b), and D BY	(1) EMATUKITY			BETWEEN ON	SET AND DEATH
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rSIC ospit certificer hed rt. of	iii w	(If either, notify medical exami	PLACE OF INJURY (AT HOME, FARM, STREET OFFICE BUILDING, ETC.	, FACTORY.) 21f LOCATION Street of	or R.F.D. No.	City or Town	County	Stote
OR ATTENDING PHYSICIAN: 1 be retained by the hospital or DIRECTOR: After this certificate je 3 should be detoched for used with the Stote Dept. of Health		While Not wh.le	OFFICE BUILDING, ETC.	7 20 2000		cuy or rown	0207117	
NG the term to the definition of the definition	П	22o. I certify that (i) (36	nive on 7/3	ased from 7/2	2_, 19_68_, to.	7/3_, 19	68_, that	(i) (vas) lost
ed hed hed he S		saw the deceased a	nive on 7/3 e, (I) (xxx) (did) (data xx) (view t	1968 and that in (my)	(our) opinion deo	oth occurred on the do	te and hour o	and from the
TA right	1	22b SIGNATURE	e, (1) (and (and) (and and view in			22c [	DATE SIGNED	
4 3 8 8 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	П	Small	- m sutter	DEGREE PHYS	MED. DIRECTOR	C STAFF C	3/68	
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SPIT 4 m 4 m 4 m 4 m 4 m 4 m 4 m 4 m 4 m 4 m	L		nan McC. Sutton,			Annapolis,	Ma.	
TO HOSPITAL OR ATTEND Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the S	230	REMOVAL (Specify) 23b	DATE	OF CEMETERY OR CREMATORY	23d /10t	CATION (City or Town)	(County)	(Stare)
5-5-06	17/	FUNERAL/DIRECTOR	ADDR	FS 17 1/2	5a REC'D BY REGISTRA	25 PEGISTRAPS	SIGNATURE	
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. 1				D STATE DEPARTM				*
1		32469	DIVISION OF VITAL RECORDS,	ERTIFICATE OF		MARYLAND 21201	19477	
(Mada)	1 DE	CEASED-NAME First	Middle	Lost		TE OF DEATH		2b. HOUR
		(pe or print) Margaret	A a	Walter	Ju	At at 18	1988	10P M
fu fu	3. SE		4 RACE	S. DATE OF E		6. AGE (In years		UNDER 24 HRS.
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withing by fell withing the state of the sta		TY OR TOWN OF DEATH  Glen Burnie	11. NAME OF HOSPITAL OR INS	TiTUTION (If not in hospital	during most of wo	ATION (Kind of work done rking life, even if retired.)	12b KIND OF BU INDUSTRY	SINESS OR
mplete	13o. odmi	SJAL RESIDENCE (Where deceosed sison) STATE	lived, if institution. Residence before	13c (ITY OR TOWN	.3d ENSIDE CITY LIMITS? YES NO	3e. STREET AND NUMBER 4611 Ritchi	e Hwy.	
d co		ATHER'S NAME First	Middle Lost	<del></del>	MAIDEN NAME First	Middle		Lost
a sein		John Mur	phy	Unl	k			
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requires that the death certificate g physician. n signed by the attending thysical e burial-transit permit. Then pleat a burial, cremation, or removal, an		18 CAUSE OF DEATH (Enter only PART 1, DEATH WAS CAUSED E	ane cause per line for (a), (b), and (c)	)			BETWEEN ONSE	T AND DEATH
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tion,		Conditions, if any, which gave	DUE TO, OR AS A CONSEQUENCE OF	ERIOS C	Parino -			
r thi resistant		rise to immediate cause (a), [	DUE TO, OR AS A CONSEQUENCE OF	C16/03 C	2002			
d by		stating the underlying couse lost.	(c)					
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The aff	RTF			YES 🗹	J NO L			
AN: al al irate far (	AE CE	210 ACC DENT WAS UNDERLYING OR CONTRIBUTING EAUSE OF GEATH	216 TIME OF INJURY HOUR A.M. Manth Day Year	21c. HOW INJURY OF	CCURRED (Enter nature o	of injury in Part 1 or Port 2, 11	em 18.)	
SICI Spit Spit Section 1: af	MEDICAL	(If either, natify medical examine)			not as BED. No.	City or Town	County	State
PHYSICIAN the hospital of his certifical stacked for Dept. of He		tities   fluid filling	ACE OF INJURY ( AT HOME FARM, STREET, FAC	211. LOCATION SER	set of K.F.D NG.	thy or rown	County	25010
NG The de de de de		220   certify that (1) (this	hospital) attended the derease	ed fram 7 8/	0 19 10	3 16/6/19	, that (i	l) (we) last
ATTENDING brained by the CTOR: After 1 should be d into the State		SULM BIG ACCORDED ALLS	<del>                                    </del>	/ / GITO INGLINE	ny) (our) opinion de	oth occurred on the dot		
TOR H		22b SIGNATURE 1	(1) (we) (did) (did not) view the	body offer death.		90¢ B	ATE SIGNED	11.1
OR A be related with the order of the order of the order of the order of the order o		200 310414	R. Manuson	DEGREE PHYS	ING MED DIRECTOR	STAFF PHYS.	7/19/	61
Al. C ly by		22d PHYSICIAN	200000	22e. AD		ANMATO LIS 1	21) Bat	627
SPIT. T mc ERA or, P d be		NAME Type	13 CHTMING	2 140)	325	trental Du	mGB.	- Mil
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VR AT5 (4) 30M REV 1/68	24	FUNERAL DIRECTOR	27 Hotenso	and,	DATEUL 2 2	1968 2Sb. REGISTRAR'S S	an Conda	_
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Middle lost 2a. DATE OF DEATH 2b HOUR T (Type or print) WARFIELD Frank July 3. SEX 4. RACE S. DATE OF BIRTH 6 AGE (In years last birthday) 81 Y after DAYS #OUR5 White Jan. 7. Male 1887 requires that the death certificate be executed within 24 hours 70 BIRTHPLACE (Stote or foreign 76. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED X NEVER MARRIED country) WIDOWED [ DIVORCED [ Anne Arundel Maryland pop 10 CITY OR TOWN OF DEATH burial, crematian, ar remaval, and in any event, within 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) rack na life even if retired ) INDUSTRY physician and campletely f en please remave carban Anne Arundel Gen. Hosp. Annapolis 130 USUAL RESIDENCE (Where deceased lived, if institution. Residence before 113c, CITY OR TOWN 13e STREET AND NUMBER 13d. INSIDE CITY LIMITS? odmission) STATE 13b COUNTY South River Park Edgewater Arundel 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle Lost Middle 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 1Z-INFORMANT Address Yes, no, or unknown) [If yes give war or dates of service] 18. CAUSE OF DEATH (Enter only one cause per line for (a)) (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o Conditions, if any, which gave signed by the burial-transit p rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) **D FUNERAL DIRECTOR:** After this certificate has been director, page 3 shauld be detached far use as the should be filed with the State Dept. of Health priar ta 19g. DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? CAUSES OF DEATH? YES [ 21o, ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) P.M ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street of R.F.D. No. 21d. INJURY OCCURRED 21b. PLACE OF INJURY City or Town State County While Not while at work 7 /6\_\_\_, 1968\_, to 22a. I certify that (I) (this haspital) attended the deceased from... 1968, and that in (my) (aur) apinian death occurred an the date and haur and from the saw the deceased alive an\_ causes stated above, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** MED. DIRECTOR STAFF PHYS. PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Beck. Edward Franklin St. Annapolis. Md. 23a BURTAL, CREMATION 23b. DATE 23c, NAME OF CEMETERY OR CREMATORY EQEATION (City or Town) (County) 25a. REC'D BY REGISTRAR 30M REV. WAS



6			MARYLAND STATE DEPARTMENT OF HEALTH
2	1	do	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
1	•	i i	CERTIFICATE OF DEATH
	ين مي	1	DECEASED NAMEEirst Middle , Lost 2a DATE OF, DEATH / 2b HOUR /
	er death. I and 2 er death.		(Type or print) John Year & 10,50 M
	fund 1	3	SEX 4. RACE / S. DATE OF BIRTH AGE (In years) IEUNOUT YEAR FUNCER 24 HRS.
	the furnites I south	L	12/25/98 last birthday MONIHS DAYS HOURS MIN.
	24 hours after death in the funeral lines I and 2 Armou's after death		BIRTHPLACE (State or foreign 176 (ITIZEN OF WHAT SOUNTY?)    State   S
	H	10.	CITY OR TOWN OF DEATH / Spreading most of working life, even if retired ) 12b KIND OF BUSINESS OR A SPREADING SPREAD
		130	INIIA PENDENGA/Whore deceased lived if inciti tion, Perdance before 12. ATV OD TOWN 122 INSING CITY INSING 170 ADDET AND ADMANDED
	company y ever	≠ ad•	mission) STATE (Jayland 136 COUNTY / BOLTIMORE YES NO 1641 ASKIAND ATR.
	and creminany	14.	FATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle Last
	n a In a Ise a	L	UNKNOWN UNKNOWN
	D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed. Page 4 may be retained by the hospital or attending physician.  2 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed to the defacter, page 3 should be detached far use as the burial-transit permit. Then please remaye is should be filed with the State Dept. af Health priar to burial, cremation, ar remayal, and in any event	16	WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no. opunhadown) (If yes give wor or dates of service) 2/4-03-7679# Its Make Butler - 3-712 harmagton Kd, Butl.
	ng p The		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (g))  APPROX.MATE INTERVAL BETWEEN ONSET AND CEATH
	endii nit. ar re		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Septice M/A  I WK.
	atte		DUE TO, OR AS A CONSEQUENCE OF
	t the sit p		Conditions, If any, which gave) (b) Orthaty Intection 2008
	tha an. by ran ran		nise to immediate cause (a), Stating the underlying cause DUE TO, OR AS CONSEQUENCE OF
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	equires that physician. signed by burial-tram burial, crem		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
	law re nding been s the iar ta	를	Hypostatic Pheumonia and Anemia.
	tend tend is but as	CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	The rate of the sea of		YES NO KAUSES OF DEATHY
	PHYSICIAN: ne hospital or his certificate etached far u Dept. af Heal		
	Spite spite ertif ed ed	MEDICAL	(If either, notify medical examiner) P.M. 19
	ho ho is contact	2	21d. INJURY OCCURRED While Nat white at wark 21e. PLACE OF INJURY (AT HOME, FARM, STREET, EACTORY.) 21f. LOCATION Street ar R F.D. No. City ar Town County State
	te D	1	at wark at wark
	by be Sta	1	22a. I certify that (I) (this haspital) attended the deceased from 6/2, 19/08, ta 7/72, 19/08, that (I) (we) last
	R: R: the	1	22a. I certify that (I) (this haspital) attended the deceased from \$\frac{\partial}{2}\$, 19\frac{\partial}{2}\$, ta \$\frac{\partial}{2}\$, 19\frac{\partial}{2}\$, and that in (my) (our) opinion death accurred on the date and hour and from the couses stated above, (I) (we) (did not) view the body after death.
	OR ATTENDING be retained by the DIRECTOR: After t e 3 should be de ed with the State		20) CICHATURY
	OR be r		DIRECTOR DIRECTOR PHYS.
	Page 4 may be retained by the hospital or attending physician.  • FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-transhauld be filed with the State Dept. af Health priar to burial, tree		22d. PHYSICIANS LONE MERRY HAPP M.D. 22 ADDRESS VILLE STOTE HOSPITAL! IIId.
	10S Je 4 UNI ecto	23	BURIA_ CREMATION, 123b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
	5 5 P S		Duried 7-16-68 Mt. (a/Very ANDE HRUNDE) Com
	VR A15 (4)	24	FUNERAL DIRECTOR ADDRESS 14/32 J250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE
	30M REV. 1 68	27	Calver Scrupps E. Mesten WIL 15 1968 Charles Jung
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MARYLAND STATE DEPARTMENT OF HEALTH

P.T.

		MARYLAND STATE DEPARTMENT OF HEALTH							
_1	١	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201							
	CERTIFICATE OF DEATH								
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 79483 CERTIFICATE OF DEATH DECEASED NAME Last 2b HOUR death, (Type or print) F JNDER TEAR burial, crematian, ar remaval, and in any event, within 72 haurs after 3. SEX F JNOER 24 HRS 4 RACE 5. DATE OF BIRTH AGE (In years last buthday) MONTHS DAYS HOURS 70 BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED | NEVER MARRIED papers. country) 11.5. WIDOWED A DIVORCED ID. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in baspital 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR requires that the death certificate be executed within and campletely 1 remave carban 130 USUAL RESIDENCE (Where deceased lived, if institution. Residence before STATE admission) COUNTY and 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Middle Last Lost the attending physician of sit permit. Then please 17. INFORMANT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Address Yes, navorunknawn) (If yes give war or dates of service) APPROX MATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND GEAT PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if any, which gave ) rise to immed ofe couse (a). DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital or attending physician. stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health prior to 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? CAUSES OF DEATH? YES [ NO I 21g, ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) OR CONTR BUTING CAUSE OF CEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M 21d INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R F.D. No. 21e. PLACE OF INJURY City or Town County Stote While Nat while at work 22a. I certify that (I) (this haspital) attended the deceased frame saw the deceased alive an. 19 6 Land that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c DATE SIGNED DEGREE PHYS. DIRECTOR 22d. PHYSICIAN'S 22e ADDRESS NAME (Type) 2106 23a. BURIAL, CREMATION 23b. DATE LOCATION (City or Town (State) VR A15 [4] 30M REV, 1/68



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1		1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201							
,,			89476 CERTIFICATE OF DEATH							
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	e pi≟ i	1	[18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) ]							
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	OR be r	1	DEGREE PHYS. ATTENDING MED DIRECTOR DIRECTOR PHYS. D 7-29-68							
	Figger File	1	22d. PHYSICIAN'S 22e. ADDRESS / 0 1/ 2/02							
	RA Be		NAME (Type) = L. H. Waiss, M.D. 615 Namuonds Lape - Balto - 2122.							
	O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifice Page 4 may be retained by the haspital ar attending physician.  O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician director, page 3 shauld be detached far use as the burial-transit permit. Their plashauld be filed with the State Dept. af Health priar to burial, crematian, or removal,	230	BURIA., CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)							
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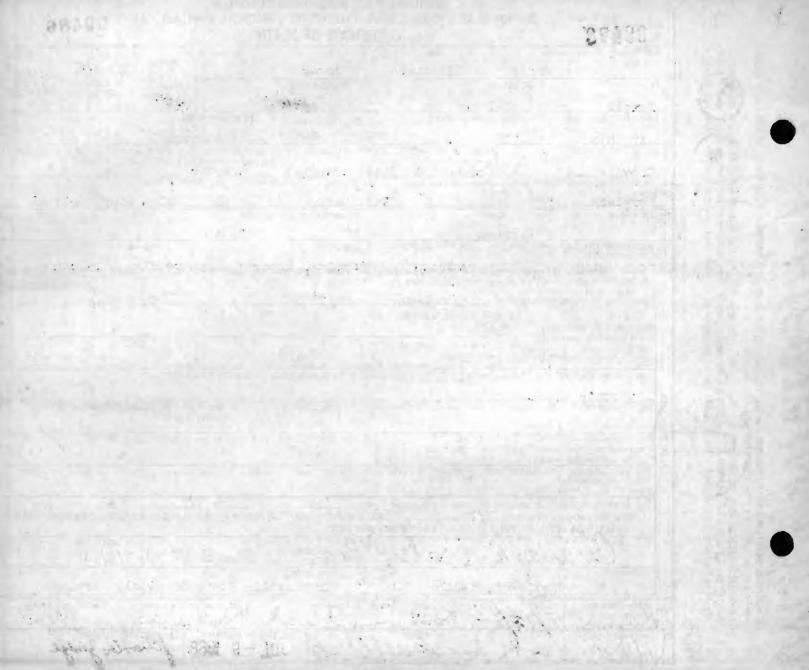
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and 2 death.			First pha	Middle Wo	tost odard	20 DATE OF DEATH July 4 Manth	Day 1968ar 2b. H	OUR M
	3. SE	x Female	4. RACE White		5. DATE OF BIRTH  O4− O6− <b>8</b> ¥	6. AGE (In ye	YRS. IF UNDER 1 YEAR IF UNDER 2: HOURS	A HRS.
hin 72 hou	7o. E	IRTHPLACE (State or foreign try)		JNTRY? 8 MARRIED WIDOWED	NEVER MARRIED DIVORCED	9. COUNTY OF DEATH Anne Arunde	el	Md.
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I	14=	Bill WAS DECEASED EVER IN U.S.		DCIAL SECURITY NO. 17.	(unkr INFORMANT		Mitchell	
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1.		21a. ACCIDENT WAS UNDER	FOEATH HOUR A.M. Man	turbyli Y th Day Year	YES NO E	iter nature of injury in Part 1 or	Part 2 Item 18.)	
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1		22d PHY ICAN'S NAME (Type)	J.B.R.C	mIREZ		MED STAFF DIRECTOR PHYS C		27 Mal
		REMOVAL (Specify)	23b DATE July 7, 1968	23c. NAME OF CEMETERY OF Cooper Ceme		23d. LOCATION (City or Tox Penningt	on <b>G</b> ap Va. (State)	
	24.	TUNERAL SORTICION	3. Floring	ADDRESS			STRARS SIGNATURE	
1/68		Singleton F	uneral Home	Glen Burnie	e, Mille Differ	- 5 1068   ACC	The soul	





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09487 CERTIFICATE OF DEATH DECEASED-NAME Middle Last 2a. DATE OF DEATH First 22 havrs after death. (Type or print) 1968 Louis ZINDEL Joseph July 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR 6. AGE (In years last birthday) DAYS HOURS White Male 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED HOU country) WIDOWED I DIVORCED Anne Arundel County burial, cremation, ar remayal, and in any event, within 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired.) INDUSTRY attending physician and cumprement CJUPERVISOK 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER requires that the death certificate be executed 13b. COUNTY NO DO YES 14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle TEDREE 16b. SOCIAL SECURITY NO 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (If yes give wor or dates of service) Yes, no. or unknown) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN OWSET AND DEATH PART I. DEATH WAS CAUSED BY: axcinem IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave? burial-transit Kalnome rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF signed by Page 4 may be retained by the haspital or attending physician. stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) **D FUNERAL DIRECTOR:** After this certificate has been director, page 3 shauld be detached far use as the should be filed with the State Dept. af Health priar ta 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a, AUTOPSY? CAUSES OF DEATH? YES -NO FA 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED State City or Town County While Not while at work 22a. I certify that (1) (this hospital) attended the deceased from 4/261965to 7/6/1965 and that in (my) (our) apinian death accurred on the date and haur and fram the saw the deceased alive an\_\_\_\_ causes stated abave, (1) (we) (did) (did rat) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING PHYS. STAFF DEGREE DIRECTOR PHYS. 22d/PHYSICIAN'S 22e. ADDRESS NAME (Type) Fred Hawkins. 16 Murray Avenue, Annapolis, 23d\_LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION (County) (State) REMOVAL (Specify) 0 ADDRESS FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 30M REV. 1768